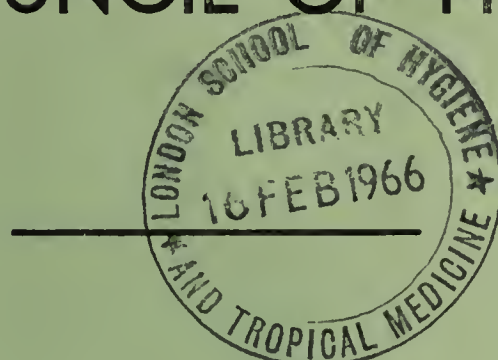


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CITY COUNCIL OF PRETORIA



SIXTY-FIRST

ANNUAL REPORT

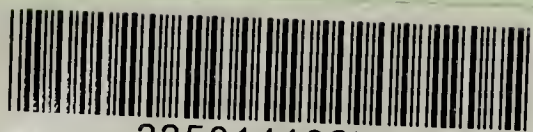
OF THE

Medical Officer of Health

FOR THE

YEAR ENDING 31/12/64

WALLACHS', PRETORIA



22501419275

CITY COUNCIL OF PRETORIA



*With the Compliments
of the
Medical Officer of Health*

P.O. BOX 234,
PRETORIA

STADSRAAD VAN PRETORIA



*Met Komplimente
van die
Stadsgesondheidshoof*

POSBUS 234,
PRETORIA



CITY COUNCIL OF PRETORIA

SIXTY-FIRST

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR ENDING 31/12/64

CHAPTER IX. HEALTH INSPECTORATE ACTIVITIES

EUROPEAN AREAS.....	60	Demolitions and conversion of residential sites	71
Licensed premises.....	62	Applications referred to Department of Housing.....	71
Building plans examined.....	62	Statistics.....	71
Early morning and evening inspections.....	63	Nursery schools, creches etc.....	72
Pest control—district inspections.....	64		
Food section.....	64	NON-EUROPEAN AREAS.....	73
Food and water sampling—		Comments on respective townships.....	73
Chemical analysis.....	66	Lady selborne and Claremont.....	73
Bacteriological analysis.....	66	Asiatic Bazaar and Cape Location.....	73
Municipal water supply.....	66	Indian township—Laudium.....	73
Municipal market.....	67	Coloured area—Eersterust.....	74
Sundry inspections.....	67	Atteridgeville.....	73
Pest control section.....	68	Saulsville.....	73
Mosquito control measures.....	68	Mamelodi East and West.....	74
Rodent control.....	68	Statistics—all non-European areas.....	75
Flybreeding.....	68	Pest control.....	75
Cockroaches.....	68	Rodents.....	73
Bedbugs.....	68	Mosquitos.....	75
Bilharzia.....	68	Flies.....	75
Rodent eradication (statistics).....	69	Building plans examined.....	76
Mosquito control (statistics).....	69	Licensed premises.....	76
Inspection by District Inspectors (statistics).....	69	Prosecutions.....	76
Slum Clearance Section.....	69	General information.....	76
Distribution of slums and occupied outbuildings.....	70	Contribution by the Manager, Non-European Affairs Department.....	76
Court proceedings.....	70		

CHAPTER X. EUROPEAN HOUSING AND REHABILITATION

General Housing Position.....	78	Sundry—	
Schemes in progress and completed.....	79	Sundry Municipal Properties.....	78
Proposed new housing schemes.....	79	Analysis of families offered accommodation.....	78
Existing schemes.....	78	Summary of all existing housing schemes.....	78

CHAPTER XI. DAIRY AND VETERINARY CONTROL

Licences dealt with.....	80	Inspections.....	81
Situation of premises.....	80	Dairies.....	81
Milk supplies.....	80	Milk depots.....	81
Transportation of milk.....	80	Distribution, street, etc.....	81
Estimated daily consumption.....	80	Herd inspections.....	82
Surplus skimmed and sour milk.....		Milk tests.....	82
Distribution of milk—daily.....		Prosecutions.....	83
Personnel employed in milk trade.....	81	General comments.....	83
Typhoid carrier testing of dairy employees.....	81	Animal pounds.....	84

CHAPTER XII. WATER SUPPLIES..... 85

CHAPTER XIII. SEWERAGE PURIFICATION WORKS AND CHEMICAL LABORATORIES

Sewage flow.....	86	Sewage, River and Dam Analyses.....	87
Effluent to Power Station.....	86	Average results of analysis of sewage effluent from the different units.....	89
Digested sludge, Daspoort Works.....	86	Results of analysis of sludge.....	89
Rags and Grit—Daspoort Works.....	86	Maturation Ponds.....	89
Rooiwal Sewage Works.....	86		
Laboratory Services.....	87		

CHAPTER XIV. NON-EUROPEAN MEDICAL SERVICES

Clinics conducted.....	89	Clinic returns.....	89
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CHAPTER XV. STATISTICAL TABLES..... 90

Introductory Letter

YOUR WORSHIP THE MAYOR

and MEMBERS OF THE CITY COUNCIL OF PRETORIA

I have the honour to present the Sixty-first Annual Health Report of the City of Pretoria.

As at the end of the year under review I will have completed thirty years service in this Department. I thought it would be of interest to record some of its history during that period.

I was appointed Assistant Medical Officer of Health in 1934 and Medical Officer of Health in 1936.

POPULATION.

The following table shows the increase in the population over 10 year periods, including a final figure as at 1st July 1964:

	<i>European</i>	<i>Asiatic</i>	<i>Coloured</i>	<i>Bantu</i>
1934	57,500	2,200	2,500	27,800
1944	109,400	3,300	3,300	38,400
1954	139,300	6,200	5,300	92,300
1964	172,000	8,000	5,000	198,800
1st July 1964 *	235,000	9,000	9,000	254,000

* These are the population figures after incorporation of a large area surrounding Pretoria.

The Bantu population figures show an increase from the year 1944 to 1954 from 38,400 to 92,300. Over 40,000 of this increase was because of incorporation of the adjoining township of Hercules. Between the years 1954 and 1964 we again see a large increase in the Bantu population. This was because during those years many Bantu came from the platteland and settled in the areas outside Pretoria particularly Mooiplaas and Eersterus, and all of them were subsequently moved into the Bantu townships of Atteridgeville and Mamelodi, situated within the Municipal area of Pretoria where extensive housing schemes were being undertaken.

Now that it is no longer possible for Bantu to settle here and there as they wish in the peri-urban areas of the new greater Pretoria, and because of control of Bantu influx into the city, it is not anticipated that there will be the same rate of increase of Bantu population in the future. It is difficult to estimate what the increase will be because so much will depend on future governmental and local authority policies.

Amongst Asiatics and Coloureds the population figures have remained fairly static excepting for natural increases.

Amongst Europeans there has been a great rise in the population figures. From 1934 to 1944 the population practically doubled itself, and from 1944 to 1954 there was an increase of some 30,000.

This rate of increase was maintained from 1954 to 1964. Excluding the unusual rise because of incorporation on 1st July 1964, it would appear that if the same rate of increase is maintained, the White population might well treble itself in the next 30-40 years, and that by the turn of the century there could easily be some 700,000 White people living in Pretoria, and that the total population might be well over one million people.

These factors in regard to population figures have to be borne in mind very carefully by those who are now responsible for planning for the future of this city.

BIRTH RATE.

The following is a table of the birth rate figures over 10 year periods:

<i>Year</i>	<i>European</i>	<i>Asiatic</i>	<i>Coloured</i>	<i>Bantu</i>
1934	24.50	52.21	37.60	8.74
1944	27.43	60.00	29.70	8.88
1954	27.44	37.26	36.42	31.73
1964	25.06	22.50	28.40	33.20

There is hardly any change in European birth rates. Asiatic and Coloured figures are of little significance because the total populations of these sections are too small. The figures of Bantu, however, show a very great increase. This must, however, not be misinterpreted because the birth rate has actually not increased; what has happened is that the notifications of birth have improved and the Bantu birth rate of 33.20 for 1964 is probably correct, if anything it would be somewhat on the low side.

DEATH RATE.

Year	European	Asiatic	Coloured	Bantu
1934	8.59	19.55	25.20	13.95
1944	6.89	13.64	15.45	10.47
1954	6.84	6.94	16.04	10.73
1964	7.35	5.55	11.40	10.84

This table shows very little change in the death rate figures amongst Europeans. Again the figures for Asiatics and Coloureds are of no significance because of the small numbers. There is a definite decrease in the Bantu rate.

THE FIVE MAIN CAUSES OF DEATH.

Europeans (five years and over)

1944	1954	1964
1. Diseases of circulatory system..... 179	1. Circulatory system..... 256	1. Heart disease..... 389
2. Diseases of Nervous system..... 82	2. Cancer and other tumours..... 132	2. Bronchitis and pneumonia..... 145
3. Malignant and other tumours..... 78	3. Respiratory system.... 108	3. Cancer..... 132
4. Diseases of Respiratory system..... 47	4. Nervous system..... 101	4. Apoplexy..... 75
5. Non-Venereal diseases of genito urinary system and adnexa..... 36	5. Accidents..... 51	5. Accidents..... 52

Non-Europeans (5 years and over).

1944	1954	1964
1. Infectious and Parasitic diseases..... 51	1. Diseases of Respiratory system..... 76	1. Diseases of Respiratory system..... 252
2. Accidents..... 43	2. Infectious and Parasitic diseases..... 59	2. Diseases of circulatory system..... 172
3. Diseases of Respiratory system..... 39	3. Diseases of circulatory system..... 56	3. Accidents..... 136
4. Diseases of circulatory system..... 32	4. Cancer and other tumours..... 34	4. Nervous system..... 77
5. Suicide and homicide. 22	5. Diseases of digestive system..... 33	5. Cancer..... 72

In 1934 deaths were not accurately classified and I am, therefore, only taking figures from 1944 onwards.

From these two tables it will be noted that amongst European deaths, diseases of the circulatory system have always been the highest. In 1944 diseases of the nervous system were second highest, in 1954 Cancer and other tumours and 1964, Bronchitis and Pneumonia took second place.

Amongst Non-Europeans parasitic diseases caused the largest number of deaths in 1944, and in 1954 and 1964 the highest number of deaths were from diseases of the respiratory system.

It is interesting to note the difference between the main causes of death in Europeans and Non-Europeans.

The following table shows the number of deaths and the incidence per hundred thousand population for Europeans and Non-Europeans, from heart disease and cancer:

INCIDENCE RATES OF HEART DISEASE AND CANCER FOR EUROPEANS AND NON-EUROPEANS PER 100,000 POPULATION

	European		Non-European	
	Heart disease	Cancer	Heart disease	Cancer
1934	111.3	60.8	98.5	27.6
1944	149.1	68.5	71.1	24.4
1954	151.0	94.0	51.1	35.6
1964	226.2	76.7	80.7	37.7

Deaths from heart disease have increased in Europeans from 111.3 per hundred thousand population in 1934 to 226.2 in 1964 and in Non-Europeans it has actually come down from 98.5 in 1934 to 80.7 in 1964.

The cancer rate for European has risen from 61 in 1934 to 80 in 1964 and amongst Non-Europeans it rose from 24 to 31 per 100,000 population, which is proportionately a similar rate of increase.

Another interesting factor is that amongst Non-Europeans the incidence rate of both heart disease and cancer is much lower than in Europeans. It is well-known that coronary thrombosis only rarely occurs in Bantus.

INFANTILE MORTALITY RATE

Year	European	Asiatic	Coloured	Bantu
1934	68.13	121.74	244.68	621.40
1944	47.94	70.71	204.08	304.99
1954	35.57	82.25	145.08	125.98
1964	30.39	61.11	77.46	91.67

The infantile mortality rate is regarded as the figure which is indicative of general health conditions. Again the figures for Asiatics and Coloureds can be disregarded because of the small numbers but there is a very substantial decrease in the Europeans infantile mortality from 68.13 in 1934 to 30.39 in 1964.

For Bantu we see a fantastic downward trend from 621.4 in 1934 to 91.67 in 1964. This figure of 91.67 must be amongst the lowest for non-White people on the whole of the African continent and compares well with similar socio-economic groups in any other part of the world. The decrease, however, is not as great as it would appear to be from the figures. The earlier figures are not accurate because the births were not all registered whereas the deaths had to be registered in order to get a burial certificate.

It is impossible to guess what the actual figures were in the earlier days but there is no doubt that it was at least double what it is now and the present figure is fairly accurate and if anything, the actual figure would be somewhat lower.

MATERNAL AND CHILD WELFARE WORK.

In 1934 there were only five health visitors. Some of the child welfare work was done by the Assistant Medical Officer of Health and two part-time doctors assisted at the various child welfare and ante-natal clinics. There were then only five child welfare clinics and one ante-natal clinic conducted per week.

The first full-time Medical Officer in charge of Maternal and Child Welfare Services was appointed during 1946. By this time the staff had grown to 11 European Health Visitors and 9 Non-European Nurses and the number of clinics had grown to 18 for Europeans and 8 for Non-Europeans.

In 1951 there was an additional full-time Medical Officer appointed on child welfare work and the staff had grown to 17 European health visitors and 12 Non-Europeans nurses with 5 Non-Europeans clinic orderlies and the total number of clinics were 28 for Europeans and 8 for Non-Europeans. In May 1951, the polyclinic for Bantus at Atteridgeville was opened. This clinic is still one of the finest of its kind on the African Continent.

And so the services of this section grew until for this year under review there are now 6 full-time medical officers employed in this Section. There are now 29 Child Welfare clinics and three ante-natal clinics for Europeans scattered throughout the town, and 5 Child Welfare and 5 Ante-natal clinics for non-Europeans. The total number of patients who now visit these clinics are 37,982 Europeans at Child Welfare clinics, 2,538 at Ante-natal clinics and 100,179 non-European attendances at Child Welfare clinics and 34,598 non-European attendances at ante-natal clinics.

TUBERCULOSIS

The story of Tuberculosis is very interesting. In 1934 there were 42 notifications amongst Europeans and 37 amongst Non-Europeans. We had European and Non-European Tuberculosis clinics at the time and although we followed up contacts of actual cases there was very little done in regard to search for cases.

The reason for this was because in those days treatment of Tuberculosis consisted practically only of rest in bed and feeding. This meant hospitalisation and we just did not have the beds to accommodate even a small percentage of the cases, and if we did discover more it was impossible to isolate them because of lack of accommodation. At that time I designed two mobile units which could be placed in the yards of patients to serve as isolation accommodation. This helped a bit, but there were many difficulties connected with it and the number could not be increased. As the population grew the number of notified cases increased, but only very slightly. This continued until 1950 when the total number of European cases notified was 32 and non-Europeans 94.

Just about this time the South African National Tuberculosis Association (S.A.N.T.A.) started a nation-wide campaign for the collection of funds to combat Tuberculosis. Their efforts were crowned with success and in 1950 they started building hospitals throughout the Republic. The first S.A.N.T.A. hospital with 110 beds was built in Pretoria in 1951. Now we were in a position to search for cases because we could isolate them not only here in Pretoria but in S.A.N.T.A. centres elsewhere.

S.A.N.T.A. has now established about eight thousand beds throughout the Republic.

At the same time the Government also started building new Tuberculosis hospitals and extending old ones.

One of the greatest helps in our fight against Tuberculosis was when private enterprise also established a large number of Tuberculosis beds of which the Government approved. These hospitals were well equipped, well staffed and gave excellent expert treatment at very reasonable charges. From here on there was no longer a shortage of beds.

With all this encouragement the result was that one year later the Non-European case-finding jumped from 94 to 227.

In 1950-51 I.N.H. and P.A.S. were used for the first time. These specific drugs were so very successful in the treatment of Tuberculosis that we were further able to seek out cases, send them to hospital and get them home as soon as possible where the treatment could be followed up.

And so the follow-up service, tracing of contacts and searching for new cases went on from year to year untill in this year the number of new Non-European cases was 741.

This high incidence figure of 741 for Pretoria, which is considered to have a low Tuberculosis rate, is not because the numbers have increased. I have no doubt that if all the cases were traced in 1934, the proportionate number of notifications according to population, would be the same as in 1964. Indeed it would even be higher, but because of our facilities for hospitalisation and treatment we could increase our case-finding efforts. Apart from this, Bantu people, for whom the diagnosis of Tuberculosis before the advent of these specific drugs was almost always equal to a death sentence, have now come to realise that if they are treated early have every chance of recovery. This resulted in many more Bantu presenting themselves for examination. Added to all this we have also been busy continually educating all sections of the population in regard to Tuberculosis.

The followings figures which show the difference between the number of cases in the years I mentioned and the death rates per 100,000 population support the above contention and also show how modern treatment and earlier diagnosis have improved chances of recovery:

	European		Non-European	
	No. of cases notified	Deaths per 100,000 population	No. of cases notified	Deaths per 100,000 population
1934	40	24.35	37	73.84
1950	32	11.36	94	72.97
1951	35	9.74	227	109.80
1964	42	2.32	741	13.22

In spite of the increase in the number of cases notified we see a striking reduction in death rates, which is almost unbelievable. It came about since I.N.H. and P.A.S. first came into use in 1950-1951. Fortunately at the same time more hospital accommodation also became available.

I feel sure that as we extended our present services we will in time to come still further reduce the incidence and death rates of Tuberculosis.

The European case-rate has remained static because the incidence is low amongst Europeans and the figure for Europeans in 1964 is very much the same as in 1934 in spite of the increase in population, because from early on we had adequate hospital accomodation for Europeans.

Europeans also presented themselves for treatment early in the illness, whereas in those days, most of our Bantu notifications were at death or when the disease was already well advanced.

In 1960 a mass miniature radiography apparatus was purchased and many thousands of cases, contacts, suspect cases and other cases in small surveys have been x-rayed, and we are at present contemplating purchasing another mass miniature radiography apparatus with which all new employees registering at the influx control offices will be x-rayed.

It is quite surprising the number of cases which are picked up in this way.

In 1963 we also started actively with the administration of B.C.G. vaccine and we hope to expand this service to cover the entire population within the foreseeable future.

Poliomyelitis.

I have had the privilege of serving on the Technical Advisory Committee of the Poliomyelitis Research Foundation since its inception and on the Committee advising the Minister for Health on Virology. I also attended the first five international congresses on Poliomyelitis. The first one was in New York in 1948, the second one in Copenhagen in 1951, the third one in Rome in 1954, the fourth one in Geneva in 1957 and the fifth in Copenhagen again in 1960. I have, therefore, had a more than usual interest in the development of Poliomyelitis vaccine and administration of mass immunisation. In the early years the incidence of Poliomyelitis was fairly low. It was hardly ever notified amongst Non-Europeans. In 1934 there were only 10 European cases and no Non-European cases. This figure gradually rose until in 1948 we had 69 European cases and 4 Non-European cases and in 1957, 65 European cases and 15 Non-European cases. However, since our mass immunisation campaigns we have not had a single European case since 1962 and there were only 8 Non-European cases, of whom none had been immunised. I am sure that if we can keep our immunisation rate high we will wipe out Poliomyelitis, and we have to make sure of this. In my annual report of 1961, I wrote as follows:

"There is one important factor which we must always bear in mind in connection with mass immunisation against Poliomyelitis with the live attenuated virus; it will eliminate or reduce to a minimum the virulent viruses of Poliomyelitis from the general population. This is all to the good because by so doing it will eliminate Poliomyelitis. But it will also reduce the number of people in the general population who would normally develop natural immunity, as the normal presence of the virus in the general population will disappear because these viruses are killed in the intestinal tract of persons immunised with live viruses and are not excreted. And so, in a few years time, in a properly immunised population, we will have very little natural immunity. This makes it incumbent on us to ensure that all newly born children are immunised when they are about three months old. If this is not done, we might find ourselves with a new young highly susceptible population which might lead to disastrous results if there were to be an outbreak of Poliomyelitis. If we are going to use this immunising agent, and I say we must, then it also becomes our duty to ensure that all newly born children are similarly protected.

Although by continual propaganda a reasonable amount of success in this direction could be attained, I feel so strongly about this that I have recommended to the Advisory Committee on Virology to the Minister of Health, that immunisation of children with this vaccine be made compulsory."

This, I am pleased to record, the Minister has since done.

DIPHTHERIA

In 1934 there were 48 European cases and one non-European case. This figure gradually rose until in 1942 there were 107 Europeans and 5 non-European cases. Throughout the years the incidence amongst non-Europeans was comparatively low. From 1934 to 1944 the average for the 10 years was five cases per annum. From 1950 onwards it rose and the average annual figure from 1950 to 1960 amongst non-Europeans was 56. It is difficult to account for this rise in the Non-Europeans rate excepting that one can only surmise that the carrier rate may have increased amongst the Bantu, or that more cases came to our notice. It is interesting to note that the European rate during that period also remained fairly high; in fact, in 1954 there was an outbreak of Diphtheria when there were 102 European cases. The largest number recorded in one year was the 107 European cases referred to above. Strangely enough, during that year there were only 5 non-European cases notified. In retrospect, one feels that perhaps something more should have been done at the time to study this strange epidemiological phenomenon.

However, as the population both European and non-European is getting more and more protected against Diphtheria by immunisations, our figures have come down and in 1964 there were only 13 European cases and 30 non-European cases, in spite of the increase in population. Nearly all these cases had not been immunised and a few who contracted the illness and who had been immunised previously, had very light attacks. In fact, I cannot remember a single fatal case of Diphtheria ever occurring in Pretoria in a person who had been correctly immunised.

In spite of all this, insofar as Diphtheria is concerned, I am not satisfied that the public is responding sufficiently well to our repeated requests to protect their children against this very serious illness especially as we have such efficient and safe immunisation against it. It is an unfortunate thing that as soon as the number of cases dwindle parents become neglectful and apathetic.

TYPHOID FEVER

This is another illness which has been brought under control by the improvement in sanitation and health conditions. In 1934 we had 110 European cases and 66 non-European cases. This figure was brought down year by year. It only shot up with the incorporation of new areas where the sanitation and general health conditions were not as good as that of Pretoria but a few years after incorporation the figures were again brought down and in 1964 there were no typhoid fever cases amongst Europeans and 29 amongst non-Europeans.

SCARLET FEVER

The incidence of Scarlet Fever has come down considerably. Between the years 1934 and 1958 we always had more than 100 cases notified annually and in many years there were between 200 and 300 cases. In 1942 there was a very large outbreak with 780 cases. Two hundred and thirty-nine of these cases were removed to hospital and 541 treated at home. In the last six years the incidence has come down to well below 100 per year. In 1963 we only had 32 cases and in 1964, 47 cases were notified. The lowest incidence of this illness was in 1961 when we only had seven cases.

In the early years Scarlet Fever was a serious illness. To-day it is one of the mildest of our infectious diseases. This change in the virulence in the organism causing Scarlet Fever is one of those strange epidemiological happenings for which we have no explanation.

MALARIA

Up to 1947 Malaria still occurred in Pretoria. In 1936 31 locally contracted cases were notified, in 1939, 28 and in 1942, 30. Since 1947 we have only had one case which was locally contracted and that was in 1957. This case occurred along the Lourenco Marques railway line and it is assumed that it may have been caused by a mosquito which was brought in by the train. The Railway authorities spray their trains very carefully and throughout the years we have never had evidence of an infected mosquito coming in by rail but of course, it is possible that the odd mosquito might survive the spraying. It might even have been inside a suitcase and the suitcase may have been opened prior to the train arriving at the Pretoria station. It can now be assumed that Malaria no longer occurs in Pretoria.

Whilst discussing Malaria it is interesting to note that in my annual report of 1938/1939 I recorded as follows:—

"Catches of the larvae of *Aedes Argentens* (vector of Yellow Fever) were made. It is apparent from these collections and also from insects previously recorded from Onderstepoort and Voortrekkerhoogte that *Aedes Argentens* is well established in Pretoria and its environs. Being mindful of the havoc now being wrought in South America by *A. Costalis* which is indigenous to the African Continent and which was introduced to South America from West Africa by mechanical means, one cannot ignore the possibility, slight though it may seem, of our *Aedes* becoming infected by human cases of Yellow Fever introduced by plane and causing a spread of this disease in a similar manner to the spread of Malaria in Brazil. The risk in peace time does not constitute a menace as planes are compelled to land at anti-amaryl aerodromes, where isolation facilities are provided and precautionary measures undertaken. The danger,

however, lies in the fact that military planes are not subject to such restrictions and in time of war there would be a possibility of Yellow Fever obtaining a foothold in Pretoria.

Now that anti-malaria measures are well established it will be possible to spend more time on investigating the Yellow Fever question and this is contemplated next season."

Shortly after I had written this report the second world war commenced and this danger to which I referred became imminent because the largest military aerodromes are situated on the boundaries of Pretoria. I enlisted shortly after the commencement of the war and within a short time was appointed Director of the Hygiene. I was able immediately to recommend the institution of measures to prevent the likelihood of the spread by aeroplanes of Yellow Fever and other insect-borne illnesses.

Ophthalmia Neonatorum: This eye-affliction of the newly born used to occur in small number every year until 1953. Since that date we have only had one case notified in a Non-European. This illness has also been brought under control. The same applied to Trachoma. Since 1951 we have only had two cases in Non-Europeans.

Staphylococcal Infection: On the 20th October 1961, the Minister of Health agreed to this becoming a notifiable infectious disease in mothers and new-born babies, for the city of Pretoria. This meant that all cases or suspect cases in nursing homes had to be reported to the Department immediately. Pretoria, as far as I know, is up to now the only place where this has become a notifiable infectious disease. The promulgation of this legislation has not only helped us to control Staphylococcal infection but has made the persons in charge of the institutions aware of the possibilities and dangers of this disease. The result has been much better all-round control measures against infections.

ABATTOIRS

In Pretoria the Medical Officer of Health is still the Director of Abattoirs.

In 1934 our Abattoir was considered to be most efficient. It could handle with ease almost 34,000 cattle units. In 1964 this number had risen to almost 131,000. What was an efficient abattoir in 1934 has now become obsolete, inadequate and most unsatisfactory. This is not the fault of the City Council because for years it has been contemplating building a new abattoir but because of difficulties beyond its control, the matter was held up from year to year. It is pleasing to record that at last the authorities concerned seem to have reached a decision on what is to become of abattoirs in the Republic and it is hoped that the building of a new abattoir will be commenced in the very near future.

DAIRY SECTION:

In 1934 there were 70 producers registered with the City Council of Pretoria. In 1964 this number has risen to no less than 496.

There were 40 distributing depots in 1934 and now there are 118.

In 1934 there were 6,000 gallons of milk consumed daily in Pretoria, by a total population of approximately 90,000. This gallonage was derived from approximately 3,300 cows. For the next 30 years there was a gradual increase in both production, numbers of cows and consumption. At the end of 1964 the production amounted to 30,800 gallons of milk daily derived from approximately 24,000 cows in milk.

During the early 1950's I started a campaign for compulsory pasteurisation of milk. At first many people were against compulsory pasteurisation and most of the dairy trade were opposed to it. It took years of education, propaganda and persuasion to get the great majority of all sections on my side. By-laws were then drawn up and submitted to the Provincial Administration for approval. Objections to the promulgation of these By-laws were made direct to the Provincial Administration. Progress was held up year after year and only after continual persistence the Provincial Administration decided to appoint a special Commission of Enquiry into the necessity for such legislation. This Commission unanimously supported the promulgation of the By-laws and one of the highlights in the history of milk distribution in Pretoria was when in January 1962, the sale of only pasteurised milk became compulsory.

The change-over which so many said would lead to chaos, hardships and disruption, was hardly noticed.

Our first Veterinary Officer was appointed in 1935 and to-day there are three full-time Veterinary Officers on the staff, one full-time at the Abattoirs and the other full-time on milk control.

In 1934 there was one Dairy Inspector and today there are four — one Supervising Health Inspector and three Dairy Inspectors.

HEALTH INSPECTORATE (SANITATION):

In 1934 there were 13 health inspectors. To-day the Department has an establishment of 46 European and 6 Non-European health inspectors.

During the year 1934 the total number of inspections done by health inspectors was 54,665, and for the year ending 1964 the number was 122,421.

During December 1949, the Voortrekker Monument celebrations took place in Pretoria. People came from all over the Republic to attend this function. The hotels and boarding houses were full to over-flowing and large numbers of visitors stayed in private homes. One hundred thousand people camped at the Voortrekker Monument site for a week and the Department had to make provision for water supplies, ablution, sanitary services, rubbish removal and first-aid services. The provision of all these facilities required a tremendous amount of planning and organisation and there is in the files of the Department a full description of how the whole scheme was planned, how it functioned and particulars of the whole set-up from beginning to end. The arrange-

ments were so satisfactory that there was no breakdown in any of the services, not a single outbreak of any illness due to camping conditions and there were no subsequent outbreak of any illnesses attributable to attendance at the celebrations.

The document dealing with all the arrangements should be of great help for any such-like future projects.

EUROPEAN HOUSING:

In 1934, there were 25 Municipal sub-economic houses in Pretoria West and New Muckleneuk.

Our first scheme after that started in 1937 when 100 sub-economic houses were built in Rietfontein, Wonderboom South, Villieria, Mayville and Proclamation Hill.

Almost every year excepting for the war years, more and more Municipal houses were built until in 1964 the total had risen to 1,761 housing units consisting of economic and sub-economic houses and houses for the aged.

With the incorporation of surrounding areas of Pretoria, the total number of these units have risen to 2,647. We are now busy with drawings and laying out of plots for approximately another 800 housing units.

In addition to these schemes this Department has under its control for letting, 459 housing units consisting of sundry properties acquired by the Council in connection with the new inner and outer ring road schemes.

In 1934 there was no special housing section and most of the work in connection with the housing was done by the Medical Officer of Health himself. Now this section of the Department has grown to a staff consisting of a Housing Manager, an Assistant Housing Manager, and Administrative Officer with a staff of six, and 10 women housing supervisors who are all University graduates with Social Science as a background. In addition to this, there are 7 Europeans and 52 Non-Europeans who look after the houses.

NON-EUROPEAN HOUSING:

In 1934 the Medical Officer of Health was also in charge of Non-European Affairs. Because of the very bad housing conditions of the Bantus, it was resolved in 1936 to erect a new Bantu township on the Western townlands. This township is now known as Atteridgeville. In 1937 a commencement was made with the building of houses in this area. During 1938 a Manager of Non-European Affairs was appointed and a new Non-European Affairs Department established.

By 1941, 700 houses were already occupied in Atteridgeville and by 1942, 980 houses had been erected. As the new houses were erected so the old slum dwellings in the old Bantu township of Marabastad were demolished. To-day there are 8,244 houses in Atteridgeville and all the Bantu have been removed from old Marabastad and the slum dwellings have been demolished.

Whilst Atteridgeville was being built up, Bantu from rural areas were settling in the Peri-urban areas of Pretoria in very large numbers and slum conditions were rapidly developing on the borders of the city. At the request of the Government the City Council decided to clear up all these areas and build a new Bantu township towards the Eastern side of Pretoria. For this purpose the farm Vlakfontein was bought. One of the first steps taken by the Council to launch this new scheme was to appoint a small technical committee under the chairmanship of the Medical Officer of Health. The committee worked with great enthusiasm and energy, numerous obstacles were soon overcome and a full report, together with recommendations, were submitted to the Council.

The Council accepted this report which inter alia recommended the appointment of a European in charge of building operations who collected a number of Bantu who were trained carpenters and brick-layers and who in time, under the supervision of a European director, trained a number of new Bantu as building artisans. Building operations soon started and was carried out entirely with Bantu labour. As the new houses were erected so the slum conditions in the peri-urban areas were cleared up. To-day all the Bantu from these areas have been removed and the slum dwellings have been demolished. This Bantu township known as Vlakfontein at first, and the name of which has subsequently changed to Mamelodi, has now got 9,820 housing units. In both these Bantu townships there are very good Municipal Health clinics providing outpatient, child welfare, midwifery, ante-natal, post-natal, immunisation, Tuberculosis and Venereal Diseases services with adequate facilities, doctors and trained nursing staff.

The incorporation of Hercules on the 1st May 1949, also included the Bantu Township of Lady Selborne where 35,000 Bantu are at present accommodated. This whole area which has now been declared a "White" area can only be regarded as a slum and the Council is actively busy removing all the residents to the existing Bantu township. It is hoped that this black spot will be cleared within the next year or two.

Some Indians and Coloureds are still living under very unsatisfactory conditions but the new Indian township of Laudium already has 430 new houses and within the next year or so all the Indians should be rehoused here under very good conditions. Clinic services are being provided.

The same applies to the Coloureds for whom a new township has been established at Eersterust where 250 dwellings have already been erected. Rehousing of the Coloureds should be completed within the next year. Clinic services will also be provided here.

GENERAL

In carrying out his duties it is essential for a Medical Officer of Health to keep in close touch with all sections of the public through voluntary, charitable, welfare, medical and para-medical organisations. He is also required to serve on as many such-like organisations as possible. All this takes up a great deal of time, but it is essential if the fullest co-operation, collaboration, confidence and good relationship from all groups within the community is to be assured.

It has been my privilege to have served and still to be serving on many of these organisations.

I mention them here, not in a spirit of "self", and I hope that it will not be thought to be such, but merely to indicate how important this aspect of the function of a Medical Officer of Health is.

1. Northern Transvaal Branch of the Medical Association of South Africa. (Ex President).
2. Federal Council of the Medical Association of South Africa.
3. Medical Officers of Health (State Medicine) Group of the Medical Association of South Africa (President).
4. Health Officials Association of Southern Africa (Ex President).
5. Witwatersrand and Pretoria Public Health Consultative Committee. (Ex President.)
6. Board of Examiners of the Royal Society for the Promotion of Health.
7. National Committee of the Poliomyelitis Research Foundation.
8. Technical Advisory Committee of the Poliomyelitis Research Foundation.
9. Member of the Committee advising the Minister of Health on Virology.
10. Member of the various Committees of the South African Bureau of Standards of the Council of Scientific and Industrial Research, dealing with the following:—
Water, Minimum standards of accommodation (housing); Dyestuffs for use in foodstuffs; preparation and specification of ice-cream; milk; ice-cream; cream.
11. National War Memorial Health Foundation.
12. Honorary Advisor in Public Health to the Union Defence Force.
13. Chairman, Commission of Investigation into Typhoid epidemic, Durban.
14. Member of the Government Commission of Investigation into Veterinary Services in South Africa, 1945.
15. State Food Distribution.
16. Council of the National Child Welfare Society and Member of the Health, Nursing and Mothercraft Technical Committee of the National Council for Child Welfare.
17. Pretoria Dental Clinic Board.
18. Vice President, Pretoria Rotary Club.
19. Bureau of Adult Education.
20. Nursery School Association of South Africa. (Chairman.)
21. Executive Member of the South African National Tuberculosis Association (S.A.N.T.A.) and member of the Technical Medical Committee.
22. Member of the Executive Committee of the Pretoria Society against alcoholism.
23. Honorary Advisor in Bacteriology to the National Institute of Water Research of the Council for Scientific and Industrial Research.
24. Honorary Life Member of the South African Society of Occupational Health.
25. Member of the National Committee of Control over radio-active waste disposal—Atomic Energy Board.
26. Honorary Vice President of the Mental Health Society of South Africa.
27. Honorary Life Member and Vice President of the Institute of Public Health.
28. Honorary Life Associate Member of the South African Veterinary Medical Association.

When I retire in February 1966, I shall have been Medical Officer of Health of Pretoria for a few months short of thirty years.

On going through the history of the City Council of Pretoria I find that there has only been one head of a department who served for more than thirty years in that capacity and he was Mr. T. C. Wooly Dod who served from 1892 to 1928 first as Engineer and Manager of the Pretoria Lighting Company from 1892 to 1904 and thereafter as Electrical Engineer.

I am not making any special commentary on the contents of this year's annual report, excepting to say that on looking through it again and on glancing back over past history, I am happy to say that health conditions in the city of Pretoria are good, that the task for which we are responsible and the duties which have been allotted to us, have been carried out to the best of our ability and that we can feel reasonably satisfied and happy about our achievements.

Once again I wish to thank members of my own staff, heads of departments and members of other departments for the wonderful spirit of co-operation and goodwill which I have experienced throughout the years.

I wish to record my appreciation of the whole-hearted co-operation received from the Press at all times. They gave publicity to all important health measures in the City and have in no small way helped to establish good relationship between the department and the public as well as to bring to the notice of the public many important health matters.

I am also deeply grateful to the City Council of Pretoria for the continued interest which they have always shown in the health department and in developing health services for the city. I say without any hesitation that throughout the years no Council has ever refused a reasonable request from the Department. I have always enjoyed the fullest co-operation and trust of Councils throughout the years. I have always considered it to be an honour to serve this City in the capacity in which I did and I have been extremely happy in my work here. Indeed, if I had the opportunity of starting all over again I do not think that I would choose any other path.

For all this I am truly grateful.

I trust that in the years to come the Department will grow from strength to strength and future generations will witness the same improvements.

H. NELSON.
Medical Officer of Health.

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1964

MEDICAL OFFICERS

H. NELSON, M.A., M.D., Ch.B., B.A.O., D.P.H., D.T.M., F.R.S.H.	Medical Officer of Health.
R. E. W. DICKS, M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health.
J. L. van H. van RHYN, M.D., Ch.B., D.M.R.	Radiologist (Part-time).
A. T. B. H. BODENSTAB, M.B., Ch.B., D.P.H., D.T.M. & H.	Superintendent, Infectious Diseases Hospital and Medical Officer in Charge Venereal Diseases.
A. A. E. DE KLERK, M.B., Ch.B.	Medical Officer (Child and Maternal Health Services).
J. T. JANSE VAN RENSBURG, M.B., Ch.B., D.P.H.	Medical Officer, Tuberculosis Services.
E. H. WELSH, M.B., Ch.B., D.P.H.	Medical Officer.
E. F. COETZER, M.B., Ch.B., D.P.H.	Medical Officer.
J. E. DE VILLIERS, M.B., Ch.B.	Medical Officer.
N. J. V. VAN DRUTEN, M.B., Ch.B.	Medical Officer.
B. H. VAN COLLER, M.B., Ch.B.	Medical Officer.

VETERINARY SURGEONS

W. J. WHEELER, B.V.Sc.	Veterinary Officer (Manager Abattoir).
P. L. UYS, B.V.Sc.	Veterinary Officer.
S. V. O'BRIEN, B.V.Sc. (Hon.), D.V.P.H.	Assistant Veterinary Officer.

CHEMIST AND ANALYSTS

N. P. LE M. NICOLLE, B.Sc., M.S.A., Chem. Inst. A.M. Inst. S.P.	Chief Chemist and Manager Sewerage Purifi- cation Works.
H. M. MURRAY, B.Sc. (Appl. & Ind. Chem.) M.S.A. Chem. I.	Assistant Chief Chemist and Assistant Mana- ger Sewerage Purification Works.
H. P. OOSTHUIZEN, B.Sc.	Chemist.
H. H. E. SCHRÖDER, B.Sc. (Hons.), U.E.D., A.M., S.A. CHEM. I.	Chemist.
E. A. GERKE, B.Sc.	Chemist.

LABORATORY ASSISTANTS

H. D. BOTHA.	Laboratory Assistant.
A. P. ERASMUS.	Laboratory Assistant.
A. J. LOUW.	Laboratory Assistant.
J. A. BEZUIDENHOUT.	Laboratory Assistant.

HEALTH INSPECTORIAL STAFF

W. G. FUNSTON, Certs. R.S.H., Meat and Other Foods. Trop. Hyg. M. Inst. P.H., M.R.S.H. ...	Chief Health Inspector.
J. S. R. MARAIS, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.	Assistant Chief Health Inspector.
N. VORSTER, Certs. R.S.H., Meat and Other Foods, Trop. Hyg. M. Inst. P.H.	Assistant Chief Health Inspector.

SUPERVISING HEALTH INSPECTORS

R. G. SIEBERT, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.	
J. L. PARKIN, Certs. R.S.H., Meat and Other Foods, Trop. Hyg.	
F. J. H. STOCKWELL, Certs. R.S.H., Meat and Other Foods, Trop. Hyg. M. Inst. P.H.	
M. J. C. RAUTENBACH, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.	
T. B. NOTHNAGEL, Certs. R.S.H., Meat and Other Foods, Adv. Know., Trop. Hyg., M. Inst. P.H.	
D. S. VAN COLLER, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.	
T. J. VAN DER HEEVER, Certs. R.S.H., Meat and Other Foods, Trop. Hyg. (Abattoir).	

SENIOR HEALTH INSPECTORS

P. R. VAN HEERDEN, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.	
J. T. GORDON, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M.R.S.H.	
A. J. COETZEE, Certs. R.S.H., Meat and Other Foods, Trop. Hyg.	
J. C. THERON, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M.R.S.H.	
S. M. SCOTT, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.	

F. K. VERDOORN, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 L. G. HECHTER, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., San. Sc., M. Inst. P.H. Fac. Insp.
 C. J. SMITH, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 M. T. LEUVENNINK, Certs. R.S.H., Meat and Other Foods, M. Inst. P.H. Trop. Hyg.
 G. VAN LOGGERENBERG, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 D. H. BREEDT, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H., N.T.C. II & III.
 E. A. K. HUGO, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P. H. (Abattoir).
 S. J. GOUWS, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 J. J. DE WET, Certs. R.S.H., Meat and Other Foods.
 M. VAN N. WALDER, Certs. R.S.H., Meat and Other Foods, Trop. Hyg.
 G. S. BRIDGENS, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., Fact. Insp., M. Inst. P.H.
 J. P. v.d. L. COETZEE, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.

HEALTH INSPECTORS

J. C. MYBURGH, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 M. M. LAUPP, Certs. R.S.H., Trop. Hyg., Meat and Other Foods, M. Inst. P.H.
 A. P. J. DIQUE, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst., P.H., M.R.S.H.
 J. J. BOTHMA, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 J. G. MARNEWICK, Certs. R.S.H., Meat and Other Foods, M. Inst. P.H.
 G. O. VAN BILJON, Certs. R.S.H., Meat and Other Foods, M. Inst. P.H., Trop. Hyg.
 V. LOGAN, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 H. A. VISAGIE, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., M. Inst. P.H.
 F. J. BEKKER, Certs. R.S.H., Meat and Other Foods, M. Inst. P.H.
 N. J. FOURIE, Certs. R.S.H., Meat and Other Foods, Trop. Hyg.
 F. J. BROEKMAN, Certs. R.S.H., Tropical Hygiene, Meat and Other Foods.
 D. W. DE VILLIERS, Certs. R.S.H., Meat and Other Foods, Trop. Hyg.
 C. S. IMMELMAN, Certs. R.S.H., Meat and Other Foods.
 D. P. J. LOMBARD, Certs. R.S.H., Meat and Other Foods.
 A. D. HODGKINSON, Cert. R.S.H.
 J. H. VON WELL, Cert. R.S.H.
 B. H. DORMEHL, Certs. R.S.H., Meat and Other Foods, Sant. Science.
 B. J. REUTER, Certs. R.S.H., Meat and Other Foods, M. Inst. P.H.
 P. J. AUCAMP, Certs. R.S.H., Meat and Other Foods.

NON-EUROPEAN HEALTH INSPECTORS

S. T. MAPUTLA, Certs. R.S.H., Trop. Hyg.
 D. P. MADELA, Cert. R.S.H.

CLERICAL STAFF

Administrative Officer.

R. BLOEMINK, Certs. R.S.H., Meat and Other Foods, Trop. Hyg., Adv. Know.

Chief Clerk.

G. W. CLUBB, Certs. R.S.H., Meat and Other Foods.

Senior Clerks.

J. A. CHANDLER.
 MRS. G. M. BASSON.

Technical Assistants.

H. P. J. LE ROUX.
 P. S. PRETORIUS.

Clerks.

R. I. BOTHA.
 S. P. JORDAAN.

Typists.

MRS. D. R. DIEMEER: MRS. G. H. PRETORIUS: MRS. B. J. BRINK: MRS. C. M. LOUBSER.

Women Assistants.

MRS. E. H. E. OPPERMAN: MRS. M. S. VAN DER MERWE: MISS B. VAN BREDÁ.

EUROPEAN HOUSING

Chief Housing Manager.

L. VAN WYGAARD, B.A., Agr. Dipl.

Assistant Chief Housing Manager.

A. J. B. MEIRING, B.A.

Administrative Officer.

J. W. BURGER, Inst. Admin. and Com. (Mun.)

Clerk.

J. L. GROBBELAAR.

Housing Supervisors.

MRS. M. D. KEVAN, B.A.
 MRS. L. ROUX, B.A. Hons.
 MRS. I. B. McCULLOCH, B.A. (Soc. Sc.).
 MRS. E. M. BEUKES, B.A.
 MISS E. A. VISAGIE, B.A. (Dip. S.W.).
 MISS E. E. NEL, B.A. (Soc.Sc.).
 MISS J. S. HARMSE, B.A. (S.W.).

Typists.

MRS. E. M. ROUX.
 MISS M. M. DICKS.

Woman Assistants:

MISS M. M. MALAN
 MISS M. LE ROUX
 MRS. S. P. NEL.

Caretaker/Fumigators.

Senior: S. F. HOLDER.
 C. F. C. DIEDERICKS.
 C. F. E. COETZER.
 J. J. VAN DER MERWE.
 A. S. RUDOLPH.
 F. H. DU TOIT.

Rodent and Mosquito Eradicators:

J. P. SCHOLTZ.
 L. J. DE LANGE.
 A. L. NEL.
 I. P. DENYSCHEN
 L. J. V.D. SCHYFF.

Together with 27 Non-Europeans.

HEALTH VISITORS

E. W. MURRAY (Senior), Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse, Mothercraft, R.S.H., Health Inspector.
 A. S. DIPLOCK, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse.
 I. L. KOCKOTT, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse, Mothercraft.
 H. M. E. VAN DER MERWE, Certs. Midwifery, Mothercraft.
 W. J. VOLSCHENK, Certs. S.A. Medical Council (Gen.) R.S.H., Health Visitor and School Nurse.
 V. J. LOYNES, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse, Mothercraft.
 P. M. McGEER, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse, Mothercraft.
 M. S. MINNAAR, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse, Mothercraft.
 S. M. STOLTZ, Certs. S.A. Medical Council (Gen. & Midwif.) Health Visitor and School Nurse, R.S.H., Mothercraft.
 D. M. GERHARDT, Certs. S.A. Medical Council (Gen. & Midwif.) Health Visitor and School Nurse, R.S.H.
 C. E. O. VAN DER MERWE, S.A. Medical Council (Gen. & Midwif.) Health Visitor and School Nurse, R.S.H.
 I. ERASMUS, Certs. S.A. Medical Council (Gen. & Midwif.) Mothercraft.
 E. PETER, Certs. S.A. Medical Council (Gen. & Midwif.) Mothercraft, R.S.H. and School Nurse.
 M. BOTHA, Certs. S.A. Medical Council (Gen. & Midwif.) Mothercraft, R.S.H., Health Visitor.
 E. J. C. LE ROUX, Certs. S.A. Medical Council (Gen. & Midwif.) Health Visitor and School Nurse.
 D. H. BRONKHORST, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse, Mothercraft, Fever.
 H. E. FOURIE, Cert. S.A. Medical Council (Gen.).
 C. E. VAN NIEKERK, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse, Mothercraft.
 S. M. J. ENGEL, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse. Mothercraft.
 D. G. MORGAN, Certs. S.A. Medical Council (Gen. & Midwif.) Mothercraft, R.S.H., Health Visitor.
 H. C. BUHRMANN, Certs. S.A. Med. Council (Gen. & Mid) Health Visitor.

NON-EUROPEAN NURSES

S. HUMAN, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 A. NTJA, Cert. Midwife.
 G. MOTHEMELA, Certs. Midwife and Aux. Nursing.
 D. THELEDI, Cert. Midwife.
 E. NDUNA, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 S. MOFOLO, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 H. SESOKO, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 F. MANAMELA, Certs. Midwife and Aux. Nursing.
 M. MOHOLO, Cert. Midwife.
 A. RAMAHLO, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse.
 F. MATHAPO, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 E. PUOANE, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 G. MALEBYE, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H., Health Visitor and School Nurse.
 I. PUOANE, Cert. Midwife.
 M. MONTOEDI, Cert. Midwife.
 F. MAPHALLA, Cert. S.A. Medical Council (Gen.)
 W. SOKO, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 J. MOTSHABI, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 C. F. MOCHE, Certs. S.A. Medical Council (Gen. & Midwif.)
 E. G. MAKGOLO, Cert. Midwife.
 E. DAU, Cert. Midwife.
 J. R. MTOMBENI, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 A. R. MUSHI, Certs. S.A. Medical Council (Gen. & Midwif.) R.S.H.
 E. MABIZELA, Cert. Midwife.
 E. J. M. SHILANE, Certs. S.A. Medical Council (Gen. & Midwif.)
 F. E. SIBIYA, Certs. S.A. Medical Council (Gen. & Midwif.)
 H. M. MOTSETE, Cert. Midwife.
 T. N. NGOBESE, Cert. S.A. Medical Council (Gen.)
 E. C. B. NTSHINGA, Certs. S.A. Medical Council (Gen. & Midwif.), Health Visitor and School Nurse.
 M. T. MASOKA, Certs. S.A. Medical Council (Gen. & Midwif.), Health Visitor.
 V. M. MOKUENA, Cert. S.A. Medical Council (Midwif.)
 L. P. NDABA, Cert. S.A. Medical Council (Midwif.)
 G. MOLETE, Cert. S.A. Medical Council (Midwif.)
 S. KUMALO, Cert. S.A. Medical Council (Midwif.)
 E. NGOLASE, Certs. S.A. Medical Council (Gen. & Midwif.)
 K. MOUNT, Certs. S.A. Medical Council (Gen. & Midwif.), Health Visitor.
 C. MAKURUNTSI, Certs. S.A. Medical Council (Gen. & Midwif.)
 I. M. TSHIYASE, Certs. S.A. Medical Council (Gen. & Midwif.), Health Visitor, Cert. in Ophthalmic Nursing.

NON-EUROPEAN NURSING ASSISTANTS

V. MONARE, Certs. Midwife and Aux. Nursing.
 F. MAMABOLO, Cert. Mid. Aux.
 A. NKOSI, Cert. Aux.
 L. G. N. MOTHOA, Certs. Midwif. & Gen.

NON-EUROPEAN CLINIC ORDERLIES

J. MOHOLO
 J. MOFOKENG
 P. D. C. MAKUENA.

J. MONTOEDI
 H. SATHEKGE

NON-EUROPEAN CLINIC CLERKS

B. R. MANYOROLA
 J. MAKONE

J. DIBAKWANE
 J. MOATSHE.

PUBLIC CONVENIENCE ATTENDANTS

Eight Europeans

Four Non-Europeans

POUNDMASTERS

J. H. B. VAN STADEN

J. F. VAN STADEN

VAN DRIVER

N. D. PRINSLOO.

CARETAKER

MRS. C. P. DE KLERK.

CITY COUNCIL OF PRETORIA

SIXTY-FIRST ANNUAL REPORT

OF THE

Medical Officer of Health

Chapter I

PART I. CLIMATIC AND OTHER DATA

CLIMATIC DATA.

Latitude: 25 degrees, 44 minutes, 3 seconds South.

Longitude: 1 hour, 52 minutes, 48 seconds East.

Mean Altitude: 4,480 feet.

Temperature: (Statistics kindly supplied by the Director, Weather Bureau, Pretoria).

1964	Air Temperature (°C)				Mean Relative Humidity at		Rainfall	
	Mean Max. °C	Mean Min. °C	Highest Reading of Max. °C	Lowest Reading of Min. °C	8 a.m. %	2 p.m. %	mm.	Days
January.....	27.8	15.4	33.5	12.2	74	52	200.9	19
February.....	29.8	16.3	34.1	14.1	73	42	71.00	10
March.....	28.9	15.7	31.6	13.0	71	41	60.6	9
April.....	24.6	11.1	30.4	4.4	70	38	38.9	7
May.....	21.9	5.7	26.0	3.0	75	33	6.8	2
June.....	17.0	0.3	22.4	—5.3	78	32	4.4	2
July.....	18.0	0.4	23.5	—3.4	67	28	0.0	0
August.....	21.0	4.8	28.0	—1.6	62	28	0.2	1
September.....	25.8	9.6	30.5	3.7	51	25	15.5	1
October.....	24.7	12.8	30.6	6.5	67	45	174.5	19
November.....	27.4	13.9	31.7	7.0	59	36	27.0	10
December.....	25.9	14.3	30.7	10.0	77	52	205.0	18

AREA OF MUNICIPALITY

The area of Pretoria and suburbs, inclusive of Town Lands is 70.73 square miles. The town is built on and between three parallel ranges of quartzite hills running East and West, the soil in the valleys being largely shale.

ANNUAL RATEABLE VALUES AS AT 31ST DECEMBER, 1964

Rateable Property:

Land.....R125,372,347.00

Improvements..... 233,447,517.00

Total..... R358,819,864.00

Unrateable and Exempted Property:

Land..... R 50,155,230.00

Improvements..... 55,444,300.00

R105,599,530.00

PART 2. VITAL STATISTICS

POPULATION

European.....	172,000
Bantu.....	198,800
Asiatic.....	8,000
Eurafrican.....	5,000

The population figures, with the exception of that for Bantu, are an estimate as at 31st December, 1964, and have been supplied by the Bureau of Statistics, to whom we are grateful for statistical information willingly given whenever it is sought. The above estimate is based on the assumption that the trend shown between the 1951 and 1960 census will remain constant.

The Bantu population estimated at 198,800 includes residents of the new Bantu Location, Mamelodi (Vlakfontein). This location, although not within the Municipal area, is wholly under the jurisdiction and control of the Pretoria City Council. All the figures and vital statistics for Bantu shown in this report, include Mamelodi, which, in accordance with advice received from the State Health Department, should be regarded as part and parcel of the Municipal area of the City of Pretoria.

The Greater Pretoria came into being as from 1st July, 1964, with the incorporation of the municipalities of Pretoria North and Silverton together with some fifty townships and agricultural holdings, formerly under the jurisdiction of the Peri Urban Health Board.

The vital statistics of this report refer only to the original municipal area of Pretoria. The next annual report statistics will be for Greater Pretoria.

For general information a summary of the number of births and deaths which occurred in the newly incorporated areas during the period 1st July, 1964 to 31st December, 1964, is also shown at the end of Chapter 1 of this report:

The principal vital statistics for the year under review corrected for outward transfers are:—

	<i>European</i>	<i>Bantu</i>	<i>Asiatic</i>	<i>Eurafrican</i>	<i>Total Non- European</i>	<i>All Races</i>
Population.....	172,000	198,800	8,000	5,000	211,800	383,800
Birth rates.....	25.06	33.20	22.50	28.40	32.68	29.27
Death rates.....	7.33	10.84	5.50	11.40	10.65	9.16
Infantile Mortality per 1,000 live births.....	30.39	91.67	61.11	77.46	90.58	66.60
Percentage of illegitimate to live births.....	1.69	39.82	1.67	14.08	38.30	24.25
Death rate from Tuberculo- sis (Pulmonary) per 1,000 population.....	0.02	0.16	—	0.50	0.16	0.09
Death rate from Tuberculo- sis all forms, per 1,000 po- pulation.....	0.02	0.18	—	0.50	0.17	0.11

BIRTHS

The following births were registered in Pretoria during the year (Figures for 1963 in brackets).

	<i>European</i>	<i>Bantu</i>	<i>Asiatic</i>	<i>Eurafrican</i>	<i>Total Non- European</i>	<i>All Races</i>
Local births.....	4,310 (4,417)	6,600 (7,736)	180 (188)	142 (185)	6,922 (8,109)	11,232 (12,526)
Births where mothers not residents of Pta.....	1,889 (2,473)	1,335 (1,051)	29 (35)	17 (25)	1,381 (1,111)	3,270 (3,584)
Illegitimate births (included in local births).....	73 (91)	2,628 (3,255)	3 (6)	20 (31)	2,651 (3,292)	2,724 (3,383)
Stillbirths.....	45 (36)	192 (195)	5 (5)	9 (—)	206 (200)	251 (236)

BIRTH RATE

European.....	25.06	(26.17)
Bantu.....	33.20	(39.76)
Asiatic.....	22.50	(23.50)
Eurafrican.....	28.40	(37.76)
All Non-Europeans.....	32.68	(39.09)
All Races.....	29.27	(33.29)

Rates of natural increase, being the excess of births over deaths in proportion to population are as follows:—

European.....	17.73	(18.81)
Asiatic.....	17.00	(18.00)
Eurafrican.....	17.00	(24.90)

Rates for Bantu are not given because of the inaccurate notification of Bantu births.

DEATHS (Figures for 1963 in brackets).

	European	Bantu	Asiatic	Eurafrican	Total Non- European	All Races
Local Deaths (all ages).....	1,261 (1,242)	2,154 (1,944)	44 (44)	57 (63)	2,255 (2,051)	3,516 (3,293)
Deaths of persons not being local residents.....	742 (849)	1,661 (821)	8 (5)	30 (30)	1,699 (856)	2,441 (1,705)

The “non-local” deaths occurred at:—

	Pretoria and other hospitals	Mental Hospital	Leper Institution	Prison	Visitors
European.....	678 (785)	61 (57)	— (1)	1 (5)	2 (1)
Non-European.....	1,576 (744)	32 (37)	11 (5)	75 (65)	4 (—)

DEATH RATES

European.....	7.33	(7.36)
Bantu.....	10.84	(9.99)
Asiatic.....	5.50	(5.50)
Eurafrican.....	11.40	(12.86)
All Non-Europeans.....	10.65	(9.89)
Total All Races.....	9.16	(8.75)

INFANTILE MORTALITY (Figures for 1963 in brackets)

	European	Bantu	Asiatic	Eurafrican	Total Non- European	All Races
Local Deaths.....	131 (144)	605 (647)	11 (11)	11 (17)	627 (675)	758 (819)
Deaths of infants whose mothers had come to the city for confinement or infants who were brought in suffering from the ill- ness which caused death..	70 (104)	260 (142)	4 (2)	1 (4)	265 (148)	335 (252)
	201 (248)	865 (789)	15 (13)	12 (21)	892 (823)	1,093 (1,071)

INFANTILE MORTALITY RATES

European.....	30.39	(32.60)
Bantu.....	91.67	(83.63)
All Non-Europeans.....	90.58	(83.24)
All races.....	66.60	(65.38)

TABLE OF INFANTILE MORTALITY RATE FOR ALL RACES SINCE 1926-1927

Year	European	Bantu	All Non-Europeans	Total All Races
1926—1927.....	48.48	385.51	315.31	137.49
1936—1937.....	52.66	450.24	269.49	99.42
1946—1947.....	25.90	235.16	178.27	53.78
1947—1948.....	33.16	138.78	127.30	52.78
1948—1949.....	33.65	203.06	170.77	60.97
1949—1950.....	32.34	181.97	165.83	92.97
1950—1951.....	28.98	151.51	136.93	77.94
1951—1952.....	30.26	136.86	133.91	80.53
1952—1953.....	28.14	113.94	108.70	66.21
1953—1954.....	35.57	129.98	124.07	76.92
1954—1955.....	29.67	121.09	115.79	71.61
1956.....	21.31	170.25	164.25	96.37
1957.....	27.56	116.51	112.44	80.81
1958.....	24.64	113.48	111.46	78.11
1959.....	24.94	117.07	115.94	82.08
1960.....	26.99	101.50	100.30	71.62
1961.....	26.08	112.42	110.61	80.80
1962.....	28.45	92.12	90.81	71.25
1963.....	32.60	83.63	83.24	65.38
1964.....	30.39	91.67	90.58	66.60

Rates for Asiatics and Eurafricans are not given as the numbers are too small for rate calculation to be of any value.

The causes of infantile deaths in Europeans were as follows:—

	1964	1963
Malnutrition.....	—	1 (Rate .23)
Congenital causes.....	15 (Rate 3.48)	10 (Rate 2.26)
Diarrhoeal diseases.....	11 (Rate 2.55)	12 (Rate 2.72)
Bronchitis and pneumonia....	13 (Rate 3.02)	15 (Rate 3.40)
Infectious diseases.....	1 (Rate .23)	2 (Rate .45)
Other causes.....	8 (Rate 1.86)	7 (Rate 1.59)
Prematurity.....	47 (Rate 10.90)	61 (Rate 13.81)
Injury at birth.....	18 (Rate 4.18)	10 (Rate 2.26)
Atelectasis.....	18 (Rate 4.18)	26 (Rate 5.89)
Total European Infant Deaths.	<u>131</u>	<u>144</u>

The causes of infantile deaths in Non-Europeans were as follows:—

	1964	1963
Congenital causes.....	5	8
Diarrhoeal diseases.....	145	159
Bronchitis and pneumonia.....	167	201
Infectious diseases.....	11	9
Tuberculosis (pulmonary).....	—	1
Tuberculosis (other forms).....	—	1
Other causes.....	86	94
Prematurity.....	115	141
Injury at birth.....	41	46
Malnutrition.....	14	7
Atelectasis.....	21	10
	<u>605</u>	<u>677</u>

The table given hereunder indicates the number of Non-European births and infant deaths during the year under review in the various Non-European residential areas:—

Bantu:

Mamalodi	Location	Atteridgeville	Location	Hercules Area		Town	
Births	Deaths	Births	Deaths	Births	Deaths	Births	Deaths
1,935	216	2,318	191	2,065	169	282	29
(1,986)	(162)	(2,787)	(225)	(2,550)	(218)	(413)	(32)

Asiatics:

Asiatic	Location	Hercules Area		Town	
Births	Deaths	Births	Deaths	Births	Deaths
124	9	27	2	29	—

Eurafricans:

Cape Location		Hercules Area		Town		Eersterus and Derdepoort	
Births	Deaths	Births	Deaths	Births	Deaths	Births	Deaths
57	3	40	3	—	—	45	5

Causes of death at age 1 and under 5 years for various races:—

Europeans:

Seventeen deaths were recorded under this age group:

Anaemia.....	1
Myocardial Degeneration.....	1
Broncho Pneumonia.....	7
Diarrhoea and Enteritis.....	4
Ill-defined causes.....	1
Non-accidental poisoning.....	1
Accidents — unspecified.....	2
	17

Bantu:

Four hundred and thirty six deaths were recorded under this age group:

Pellagra.....	1
Septicaemia.....	1
Diphtheria.....	3
Whooping Cough.....	1
Tetanus.....	1
Tuberculosis (Pulmonary).....	2
Tuberculosis (other forms).....	1
Measles.....	9
Intestinal Obstruction.....	1
Malnutrition.....	41
Meningitis.....	7
Acute sinusitis.....	1
Congenital heart diseases.....	4
Pulmonary congestion.....	1
Broncho pneumonia and bronchitis.....	160
Diseases of liver.....	1
Diarrhoea and enteritis.....	135
Diseases of the kidney.....	2
Congenital malformations.....	1
Accidents: other.....	1
burns.....	6
drowning.....	2
motor.....	1
Unknown and unspecified causes.....	53
	436

Asiatics:

Three deaths were recorded in this age group:

Broncho pneumonia.....	1
Diarrhoea and enteritis.....	2
	3

Eurafricans:

Five deaths were recorded in this age group:

Diarrhoea and enteritis.....	3
Ill-defined causes.....	1
Meninigitis.....	1
	5

PRINCIPAL CAUSES OF DEATH IN PERSONS FIVE YEARS AND OVER

The principal causes of death were:—

		Europeans Yearly Average for 5 years	Non-Europeans Yearly Average for 5 years
Cancer.....	132	128.2	80
Heart diseases.....	389	337.2	171
Bronchitis and pneumonia (all forms).. <td>145</td> <td>131.40</td> <td>257</td>	145	131.40	257
Influenza.....	—	—	.2
Typhoid Fever.....	—	.1	3
Tuberculosis (Pulmonary).....	4	2.0	28
Tuberculosis (other forms).....	—	.1	2
Diabetes.....	12	9.4	14
Apoplexy.....	75	70.2	52
Disease of kidneys.....	14	35.6	16
Disease of arteries.....	13	27	5
Disease of liver and gallbladder.....	16	14	15
Diseases of pregnancy and the puerperal state.....	—	.2	10
Old age.....	11	15	11
Suicide.....	11	21	20
Accidents.....	52	63.4	138
Homicide.....	3	.6	78
Other infectious diseases.....	5	2	9
Other causes.....	231	172.2	281

DETAILS OF CAUSES OF DEATH: FIVE YEARS AND OVER

In all the following tables the figures for 1963 are shown in brackets:

1. CANCER.

Europeans 132. Death rate 0.77 per 1,000 population

Site of disease:

Buccal cavity and pharynx.....	1	(2)
Respiratory tract (lung).....	24	(18)
Uterus.....	8	(9)
Other female genital organs.....	1	(1)
Breast.....	10	(9)
Male and Female urinary organs.....	5	(15)
Brain and other parts of the nervous system.....	6	(4)
Rectum.....	1	(4)
Large Intestine.....	3	(—)
Bones.....	4	(1)
Other and unspecified organs.....	8	(20)
Oesophagus.....	3	(1)
Stomach and duodenum.....	19	(34)
Liver.....	8	(8)
Pancreas.....	1	(8)
Larynx.....	3	(1)
Prostrate.....	5	(7)
Ovaries.....	3	(3)
Skin.....	5	(2)
Lymphatic Glands.....	14	(—)
	<u>132</u>	<u>151</u>

Death Age:

Under:—

40 years	40—50	50—60	60—70	70—80	Over 80	Total
13 (16)	14 (14)	31 (36)	38 (33)	21 (37)	15 (15)	132 (151)

Non-Europeans:

Site of Disease:

Bantu:

Buccal cavity and pharynx.....	2	(1)
Other digestive organs and peritonium.....	1	(—)
Lung.....	4	(7)
Uterus.....	9	(10)
Breast.....	1	(3)

Stomach and duodenum.....	5	(3)
Male and female urinary organs.....	2	(3)
Female genital organs.....	2	(—)
Pancreas.....	2	(—)
Bones.....	1	(1)
Other and unspecified organs.....	7	(6)
Tumours of brain and other parts of nervous system.....	1	(3)
Oesophagus.....	13	(19)
Larynx.....	1	(6)
Thyroid.....	1	(—)
Liver.....	17	(12)
Prostrate.....	2	(2)
Rectum.....	1	(—)
Asiatics:		
Lip.....	1	(—)
Oesophagus.....	—	(1)
Stomach.....	3	(—)
Breast.....	1	(1)
Eurafrican:		
Stomach and duodenum.....	1	(1)
Lung.....	2	(2)
	<u>80</u>	<u>(82)</u>

2. DISEASES OF THE HEART:

Death rate per 1,000 European population 2.26 (2.07).
Europeans 389 (350)
Non-Europeans 171 (111)
(Bantu 152 (85), Asiatics 12 (16), Eurafricans 7 (10)).

3. BRONCHITIS AND PNEUMONIA:

Europeans 145 (151)
Non-Europeans 257 (238)
Bantu 243 (223), Asiatics 3 (5), Eurafricans 11 (10).

4. INFLUENZA:

Europeans — (—)
Non-Europeans — (1)
Bantu — (1)

5. TYPHOID FEVER

Europeans — (—)
Non-Europeans 3 (7)
(Bantu 3 (7)).

6. TUBERCULOSIS:

Europeans 4 (1)
Non-Europeans 30 (31)
[Bantu 28 (31), Eurafricans 2 (—), Asiatics — (—)].

7. DIABETES:

Europeans 12 (7)
Non-Europeans 14 (9)
[Bantu 9 (8), Asiatics 4 (1), Eurafricans 1 (—)].

8. APOPLEXY:

Europeans 75 (80)
Non-Europeans 52 (45)
[Bantu 50 (42), Asiatics 1 (2), Eurafricans 1 (1)].

9. DISEASES OF THE KIDNEYS:

Europeans 14 (20)
Non-Europeans 16 (23)
[Bantu 16 (23), Asiatics — (—), Eurafricans — (—)].

10. DISEASES OF ARTERIES

Europeans 13 (22)
Non-Europeans 5 (4)
[Bantu 5 (4), Eurafricans — (—)].

11. DISEASES OF THE LIVER AND GALL BLADDER

Europeans 16 (11)
Non-Europeans 15 (15)
[Bantu 14 (11), Eurafricans 1 (4)].

12. DISEASES OF PREGNANCY AND THE PUERPERAL STATE

Europeans — (—)
 Non-Europeans 10 (8)
 [Bantu 10 (8)].

13. OLD AGE:

Europeans 11 (17)
 Non-Europeans 11 (10)
 [Bantu 8 (9), Asiatics 1 (—), Eurafricans 2 (1)].

14. SUICIDE

Europeans 11 (18)
 Non-Europeans 20 (8)
 [Bantu 19 (7), Eurafricans — (1), Asiatics 1 (—)].

15. HOMICIDE

	Europeans		Bantu		Asiatics		Eurafricans	
By firearms.....	1	(—)	5	(1)	—	(—)	—	(—)
By cutting and piercing instruments.....	—	(—)	62	(16)	—	(—)	1	(1)
By other specified means.....	—	(—)	9	(4)	—	(—)	—	(—)
Non-Accidental poisoning.....	2	(—)	1	(—)	—	(—)	—	(—)

16. ACCIDENTS:

Europeans 52 (56)
 Non-Europeans 138 (69)
 [Bantu 136 (67), Asiatics — (1), Eurafricans 2 (1)].

	Europeans		Bantu		Asiatics		Eurafricans	
On Railways.....	2	(—)	4	(3)	—	(—)	—	(—)
By motor, road vehicles (excluding motor cycles)...	14	(29)	42	(24)	—	(1)	—	(—)
By motor cycles.....	—	(1)	1	(—)	—	(—)	—	(—)
By burns (not conflagration).....	—	(—)	—	(7)	—	(—)	—	(—)
By mechanical suffocation.....	2	(—)	8	(1)	—	(—)	—	(—)
By drowning.....	2	(2)	2	(3)	—	(—)	—	(—)
By fall.....	1	(3)	5	(—)	—	(—)	—	(—)
By conflagration.....	3	(1)	7	(—)	—	(—)	—	(—)
By Alcohol.....	—	(—)	1	(1)	—	(—)	—	(—)
By poisonous gases.....	—	(—)	—	(3)	—	(—)	1	(—)
By poisoning (not gas).....	—	(—)	—	(1)	—	(—)	—	(—)
By firearms.....	4	(3)	—	(—)	—	(—)	—	(—)
Accidents due to electric currents.....	—	(—)	1	(—)	—	(—)	—	(—)
Other and unspecified accidents.....	24	(17)	64	(24)	—	(—)	1	(1)
By lightning.....	—	(—)	1	(2)	—	(—)	—	(—)
	52	(56)	136	(69)	—	(1)	2	(1)

INCORPORATED AREAS SINCE 1st JULY, 1964

BIRTHS

	Male	European Female	Total	Male	Bantu Female	Total
Pretoria North.....	99	97	196	2	7	9
Silverton.....	48	47	95	—	1	1
Other Areas.....	269	255	524	42	44	86
	416	399	815	44	52	96

DEATHS

	Male	European Female	Total	Male	Bantu Female	Total
Pretoria North.....	25	18	43	—	—	—
Silverton.....	9	8	17	—	—	—
Other Areas.....	65	49	114	50	32	82
	99	75	174	50	32	82

Chapter II

INFECTIOUS DISEASES

GENERAL:

All figures for last year (1st January to 31st December 1963) are shown in brackets. For tables showing district distribution, age incidence and seasonal distribution, see end of report.

The report covers infectious diseases which occurred in the Municipal Area as it was before certain outlying areas were incorporated on the 1st July, 1964. For record purposes however, cases reported from the incorporated areas for the period 1st July to 31st December only are shown separately under the heading "Incorporated Areas."

TYPHOID FEVER:

	Europeans	Non-European	Total
Local Cases.....	— (5)	29 (19)	29 (24)
Imported Cases.....	2 (2)	5 (8)	7 (10)
Incidence Rate per 100,000 population (Local cases).....	— (3.0)	13.7 (9.1)	7.6 (6.4)
Deaths in Local cases.....	— (—)	1 (7)	1 (7)
Incorporated Areas Local Cases.....	1	1	2
Deaths.....	—	1	1

LOCAL CASES:

Of the 29 non-European cases reported, one was an Asiatic and twenty-eight were Bantu. All the patients were removed to the Isolation Ward for treatment.

There were four secondary infections. All these cases occurred in dwellings from which a recent previous case had been reported.

In two of the cases a common source of infection was found.

There was no milk-borne outbreak.

In tracing the sources of infection, nine suspects were tested for the possible carrier state. The report of blood specimen of one was Vi positive.

Typhoid bacilli were however not grown from repeated stool and urine cultures.

TESTS CARRIED OUT FOR THE TYPHOID CARRIER STATE

	Number of Persons Vi-tested	Blood found Vi-positive	Stool and Urine found Positive
Typhoid fever Investigations.....	9 (6)	1 (3)	— (—)
Prospective Employees at Dairies.....	260 (89)	29 (7)	— (—)
Other food Handlers.....	28 (21)	5 (7)	— (—)

TREATMENT OF TYPHOID CARRIERS:

In my report for the year 1963, I gave details of the treatment of two persistent (faecal) Typhoid carriers with Ampicillin. Both patient's stools have been persistently negative for two years. Other cases treated similarly have not responded and one has to be careful about drawing any conclusions from the results of the two cases referred to above.

TYPHOID CARRIER CAMP:

Non-European dairy employees, employees at the Municipal Waterworks, other non-Europeans employed in the handling of foodstuffs and persons connected with a case of Typhoid fever, are regularly examined by the Department. Males who are Vi-positive are immediately employed by the Council. They undergo regular stool and urine examinations and are kept under control.

IMPORTED CASES

Of the imported cases, one (a Bantu) was a Pretoria resident who contracted the disease outside the Pretoria Municipal Area. The balance, six cases (two European and four Bantu) were patients who contracted the disease elsewhere, but who resided with relatives or friends in Pretoria for a period before their discovery and admission to the Isolation Hospital.

One, case, was isolated and treated at home.

There were no secondary infections. One of the patients a Bantu, died.

POLIOMYELITIS

No cases were reported from the Pretoria Area but one, a Bantu male of four years was notified from the incorporated areas. He had paresis of both legs but has shown a marked improvement. Type III Polio virus was isolated from a specimen of his stools. The patient had never been immunised.

Regular immunisation clinics were conducted by the Department for both Europeans and non-Europeans.

The following table shows the number of doses of Poliomyelitis Vaccine administered to the various races in the respective age groups. The number of third doses given, is an indication of the numbers who have received the complete course.

	Europeans	Asiatics	Coloureds	Bantu	Total
3-5 Months.....	3,954	155	184	3,048	7,341
6-11 Months.....	5,256	220	160	4,111	9,747
1-4 Years.....	4,520	223	168	2,798	7,709
5-6 Years.....	595	8	18	193	814
7-9 Years.....	303	—	8	70	381
10-14 Years.....	98	—	—	—	98
15-19 Years.....	23	—	—	—	23
20-29 Years.....	471	—	—	—	471
Pregnant Women.....	103	—	—	—	103
Immigrants.....	111	—	—	—	111
TOTAL.....	15,434	606	538	10,220	26,798
3rd DOSES.....	4,510	221	180	2,509	7,420

The numbers given the 3rd dose during 1964 show very little change from those for 1963.

SCARLET FEVER:

Cases reported were as follows:—

	Europeans	Non-Europeans	Total
Local Cases.....	45 (30)	2 (2)	47 (32)
Imported Cases.....	1 (2)	— (—)	1 (2)
Cases reported from Incorporated Areas	12	—	12

Local Cases:

This disease still remains mild with rarely any complications.

None of the cases were adults, but twenty-five were scholars and twenty-two were children of pre-school age. Twenty-three were males and twenty-four females. Three of the cases were admitted to the Isolation Wards and forty-four were isolated and treated at home.

Four secondary infections were reported. All these cases occurred in dwellings from which recent previous cases had been reported.

Imported Cases:

The patient, a European female scholar, contracted the disease outside the Pretoria Municipal Area but was isolated and treated at home in Pretoria.

DIPHTHERIA:

The following cases were reported during the year:—

	European	Non-European	Total
Local Cases.....	13 (8)	30 (26)	43 (34)
Imported Cases.....	— (1)	4 (—)	4 (1)
Deaths in Local Cases.....	— (1)	6 (6)	6 (7)
Incidence Rates per 100,000 Population (Local Cases Only).....	7.5 (5.3)	14.2 (13.5)	11.2 (9.8)
Incorporated Areas:			
Local Cases.....	2	2	4
Imported Cases.....	—	1	1
Deaths.....	—	1	1

Local Cases:

The non-European cases were two Asiatics, one Eurafrican and twenty-seven Bantu. One of the cases was an adult, 20 were scholars and twenty-two were children of pre-school age. Seventeen were males and twenty-six females.

All the patients were removed to the Isolation Wards for treatment.

One secondary case, an Asiatic was reported. This patient had played with a friend who contracted the disease, before its discovery and removal to hospital.

Thirty nine of the patients had never been immunised previously. Of the balance, two cases (one European and one Bantu) had been immunised, but had the disease in a mild form only, and two patients, both European males, of eleven and fourteen years, had contracted Diphtheria four years and twelve years previously respectively. Both had the disease in a mild form only.

Four of the patients, (one Asiatic and three Bantu) all aged between $1\frac{5}{12}$ months years and three years, unfortunately died. None of these cases had previously been immunised.

Two patients, a European female of nine years and a Bantu female of six years were removed to the Isolation Wards for treatment of the Diphtheria CARRIER state.

The number of persons inoculated against Diphtheria at the Department's Clinic over the past ten years, together with the number of cases occurring during the same period, are shown in the following table:—

	<i>Europeans</i>		<i>Non-Europeans</i>	
	<i>Immunised</i>	<i>Number of cases</i>	<i>Immunised</i>	<i>Number of cases</i>
1955.....	431	52	280	38
1956.....	989	26	3,345	57
1957.....	1,062	10	1,023	49
1958.....	1,123	18	1,174	63
1959.....	1,452	13	1,410	73
1960.....	1,411	22	1,486	61
1961.....	1,259	12	1,728	32
1962.....	2,427	30	2,224	46
1963.....	2,899	8	2,652	26
1964.....	3,060	17	2,697	35

Note:

The large number of non-Europeans immunised during 1956 was a result of an intensive immunisation campaign carried out in the Mamelodi Bantu residential Area.

Imported Cases:

The four cases were all Bantu who contracted the disease elsewhere and who arrived ill in Pretoria. All were removed to the Isolation wards, where three who arrived in a very advanced state of the illness unfortunately died. None of these patients had previously been-immunised.

SMALLPOX:

Twenty-one local cases and one imported case were reported.

Local Cases:

To avoid confusion the cases are reported on in two separate groups i.e. Sporadic cases and an outbreak in a Hospital Ward.

Sporadic Cases:

Three cases all Bantu were reported in this group. Two of the patients were from the Saulsville and one from the Lady Selborne Bantu residential Areas.

Two were males aged three weeks and 3 years and eleven months and one was a female of five years. All the patients were transferred to the Rietfontein Isolation Hospital in Johannesburg where the diagnosis was confirmed.

All the patients had a mild form (Amaas or Alastrim) of the disease and recovered.

The usual precautionary measures of quarantining immediate contacts and vaccinating other contacts were carried out. The contacts included other patients at the clinic at the time of discovery, residents in the vicinity of the "infected" dwelling, Clinic and Hospital staff, Ambulance drivers and Vaccinating staff.

No secondary cases were reported. None of the patients had been vaccinated previously.

OUTBREAK IN HOSPITAL WARD:

Eighteen Cases all Bantu were reported. The outbreak occurred in a non-European Children's Ward, a full report of which is as follows:—

On Friday afternoon 7th August 1964, a request was received to admit a case of Chickenpox from Ward 10, a non-European Children's Surgical Ward to the City Isolation Hospital. Prior to transfer, this case was examined by the Superintendent of the Isolation Hospital who found that although the lesions of the patient (M.Z.) a Bantu male aged 8 years who had been in the ward for 5 months with a chronic surgical condition, had the typical distribution of Chickenpox, their character, individually and collectively, pointed to an infection with minor smallpox. In consultation with the then Acting Medical Officer of Health it was decided to transfer this case to the Government Isolation Hospital at Rietfontein, near Johannesburg.

Ward 10 at the stage had 177 patients and 5 lodger mothers who were breast-feeding their infants. This ward consists of three partly interleaving sections which all open on a small uncovered, cement-floored communal playground. One section of ward 10 is reserved for burn-cases, another mainly for orthopaedic cases and the last one for mixed surgical cases including plastic surgery.

The following day (8.8.1964) the patients and staff in this ward were vaccinated. Seven cases with burns and one general surgical case were so severely ill that it was decided not to vaccinate them.

The numbers vaccinated on 8th August were therefore:—

Patients.....	169
Lodger mothers.....	5
Total.....	<u>174</u>

Not vaccinated due to severity of other illness..... 8

Total number in ward..... 182

During the vaccination of patients and staff on this day it was discovered that one patient K.M., a Bantu male of 9 years who had been a patient in this ward for 9 months with Osteomyelitis and who was thought to have had chickenpox, was in fact recovering from Smallpox. It appeared, therefore, that this case who probably infected M.Z. had himself contracted the disease either from some or other “missed” case who had already been discharged, or from an unknown visitor.

There appeared to be little purpose in removing this case to Rietfontein Hospital as he had practically recovered from his disease. It was, therefore, not done.

On 10th August a report was received from the Poliomyelitis Research Foundation that Variola vaccinia virus had been isolated from M.Z. This confirmed the suspicion that he was suffering from an attack of Variola minor.

On Thursday 13th August, two further cases were discovered in Ward 10 and the following morning another case. As these last three cases had occurred within 6 to 7 days of the first diagnosed case (M.Z.) it seemed to indicate that more cases could be expected. Bearing in mind the “set-up” in Ward 10 with a large number of cases whose surgical conditions precluded their transfer to an Isolation Hospital such as Rietfontein, the question of isolating the whole of ward 10 had to be considered.

At a meeting comprising Superintendent of the Hospital, the Acting Medical Officer of Health, and the Matron of the non-European Wards, all the precautions that had been taken up to then were reviewed and additional precautionary measures were discussed. In essence the following was decided upon:—

1. The entire European and non-European staff as well as selected patients, both European and non-European in the Hospital would be vaccinated. (This was done between 15th and 19th August 1964).

2. No visiting would be allowed in Ward 10 and lodger nursing mothers would be strictly confined to the ward.

3. All nurses and visiting doctors would wear masks, caps, gowns and boots as normally observed in “sterile theatre” regime.

4. Methisazone would be administered to all patients and staff in Ward 10.

On the morning of the 15th August 1964, a further two cases of Smallpox occurred. These were all of a very mild nature and Dr. Malherbe of the Poliomyelitis Research Foundation volunteered to come over on the following morning 16.8.1964 to take specimens himself. This he did, and from all, Variola vaccinia virus was isolated.

On assessing the success of the vaccination carried out in the ward on 8.8.64, it was found that 56% of primary vaccinations had taken. This percentage of “takes” was much lower than previously experienced with our South African vaccine, and it was thought to be due to the fact that a number of patients in this ward had recently received injections of immune human globulins thus giving them a temporary immunity against the effects of the smallpox vaccine. For the previous two months immune human globulins had been administered to practically all patients in the ward and to all new admissions, in an effort to eradicate measles outbreaks, which had increased the expected mortality especially in the burns section.

In the meantime, on the 15th August Methisazone had been administered to all the patients and the nursing staff in Ward 10 on the suggestion of the State Health Department.

Further cases of Smallpox in the ward occurred as follows:—

- 17th August — 2 cases.
- 21st August — 1 case.
- 28th August — 1 case.
- 31st August — 1 case.
- 1st September — 2 cases.
- 3rd September — 1 case.
- 5th September — 1 case.
- 7th September — 2 cases.

On 10th September the position was reassessed and as it was thought that by this time the effect of the immune human globulins as well as that of the methisazone had worn off and it was decided to vaccinate and re-vaccinate all susceptibles at weekly intervals.

It was also decided to re-group the cases in the ward as far as possible into susceptible, immune and actual cases. Contact between the different groups was strictly avoided.

A summary of the position on 10th September is shown in the following schedule:—

No. of patients with previous good vaccination marks.....	95
No. of susceptible patients successfully vaccinated on 8th August.....	33
Total successfully vaccinated by 10.9.1964.....	128
No. of patients with no vaccination marks vaccinated again on 10.9.1964.....	26
No. of patients with no vaccination marks not vaccinated on 10.9.1964 due to burns and/or other conditions.....	8
No. of susceptible patients on 10.9.1964.....	34

As the burn cases recovered sufficiently to allow vaccination, so they were done. Only one case, however, was so seriously ill that he was never vaccinated during the outbreak. Fortunately he never contracted smallpox.

It is interesting to note also that 8 of the patients who showed no signs of previous vaccination, remained unsuceptible to re-vaccination on the 5 occasions when vaccination of susceptibles was done.

On 15th September it was decided to discharge patients who had been successfully vaccinated and who had recovered from the condition which necessitated their hospitalisation in the first instance.

As no further cases occurred after 7th September quarantine was lifted on 10th October. This date was arrived at by allowing 16 days for the complete recovery of the last case and adding a further 16 days quarantine.

Imported cases:

One case, an un-vaccinated Bantu female of 21 years was reported from the Lady Selborne Bantu residential Area.

The patient contracted the disease while on a visit to relatives in the Northern Transvaal and was discovered only 4 days after her return to Pretoria: She had sickened immediately before her return to Pretoria.

She was admitted to the Isolation Wards at Rietfontein Hospital near Johannesburg where she recovered.

All precautionary measures were taken and no secondary cases were reported.

Incorporated Areas:

One case a Bantu male adult was reported from the Eastern Suburbs. This patient after lying ill for several days on the premises of his employer who was under the impression that he had Chicken Pox, decided to go to relatives at the Bantu township Mamelodi against the advice of his employers. He spent two days, a Saturday and Sunday there, and on the Monday morning reported to the Out-patients Department at the General Hospital for treatment, where he was found to be suffering from Smallpox (Amaas). Immediate arrangements were made for him to be transferred to Rietfontein Isolation Hospital near Johannesburg and all contacts at the Out-patients department were vaccinated forthwith. Only on investigation at his place of employment was it found that he had visited Mamelodi Bantu Township over the weekend, but the address was unknown. Rietfontein Hospital was contacted, to enquire from the patient what address he had visited. Unfortunately the patient knew only that he had visited a family Mampane somewhere in Block N, Mamelodi, but he did not know the number of the house. All the Mampane families in Block N were visited but none knew of this patient. It was then decided to vaccinate all residents in Block N. Clinic records at Mamelodi, in the meantime, were searched for Mampane patients and the addresses checked. Although no immediate success was had, propaganda given out in Mamelodi by the Department, brought to light a woman from Block M who reported to the clinic that she had been in contact with a Smallpox case and wished to be vaccinated. The "infected" dwelling was immediately traced and the family there, together with contacts from various dwellings in the vicinity as well as a Bantu servant in Villieria, were quarantined and vaccinated.

Although the Europeans and non-Europeans at the patient's place of employment together with a few other non-European contacts in the vicinity were vaccinated shortly after discovery of the case, knowing the habits of the Bantu, it was feared that he had possibly had contact with other servants in this suburb. With the kind permission of the Waterkloof School, a vaccination station for Europeans and non-Europeans was in operation there for two days where the public in this area could have themselves vaccinated. The fact that a vaccination station was in operation was brought to the notice of the residents in the area by distributing notices to school children in four schools in this area.

It is pleasing to report that no further cases were reported either from Mamelodi or the Suburb where the case had first taken ill.

Apart from some residents in this area who were vaccinated at our usual weekly clinic, 2,243 contacts and others were vaccinated as a result of the case, details of which are given below:—

	European	Non-European
Vaccination Centre at Waterkloof School.....	538	857
Residents in Block N Mamelodi	—	790
Residents and contacts in Block M and in city.....	8	50
	546	1,697

MASS VACCINATION

As a result of the above cases mass vaccination of various groups of the public and residents in the various affected areas was carried out, by the Department, with the following results:—

Europeans vaccinated.....	2,045
Non-Europeans vaccinated.....	13,201
	<u>15,246</u>

ROUTINE SMALLPOX VACCINATION:

Ten thousand and ninety-four (10,094) Europeans and 5,483 non-Europeans were vaccinated at routine Municipal clinics during the year, details of which are given below:—

ROUTINE VACCINATION AGAINST SMALLPOX:

Europeans	Primary vaccination				Re-vaccination				Total	
Ages groups	Males		Females		Males		Females			
0-13 Months...	813	(673)	856	(648)	58	(34)	69	(29)	1,796	(1,384)
13 Months- 6										
Years.....	499	(574)	485	(597)	352	(126)	310	(103)	1,646	(1,400)
Scholars.....	98	(137)	96	(111)	842	(190)	897	(198)	1,933	(636)
Adults.....	13	(13)	28	(2)	1,637	(74)	3,041	(50)	4,719	(139)
TOTAL.....	1,423	(1,397)	1,465	(1,358)	2,889	(424)	4,317	(380)	10,094	(3,559)

<i>Non-Europeans</i>	<i>Primary vaccination</i>				<i>Re-vaccination</i>				<i>Total</i>	
<i>Ages groups</i>	<i>Males</i>		<i>Females</i>		<i>Males</i>		<i>Females</i>			
0-13 Months....	833	(717)	909	(814)	20	(18)	31	(14)	1,793	(1,563)
13 Months—										
6 Years.....	429	(272)	474	(203)	75	(75)	79	(74)	1,057	(624)
Scholars.....	103	(6)	90	(9)	404	(22)	375	(25)	972	(62)
Adults.....	19	(3)	369	(6)	640	(29)	633	(81)	1,661	(119)
TOTAL.....	1,384	(998)	1,842	(1,032)	1,139	(144)	1,118	(194)	5,483	(2,368)

The large increase in the number of both Europeans and non-Europeans vaccinated during the year can be attributed mainly to the occurrence of cases of Smallpox and the response to propaganda made in connection with vaccination.

Propaganda made by the State Health Department in the Press and over the Radio to the effect that persons not adequately vaccinated would, as from the 1st January, 1965 be liable to prosecution, was the cause of many Europeans and possibly non-Europeans presenting themselves for vaccination or re-vaccination, during the latter months.

This is borne out by the fact that the average monthly figure for European vaccinations was 400 until October when the numbers for the last 3 months jumped to 740, 1,033 and 3,645 respectively.

KWASHIORKOR:

Three hundred and forty-nine (349) cases were notified during the year. This represents a considerable decrease from the number (415) reported last year.

All the patients were Bantu. The distribution of the cases was as follows:—

Mamelodi.....	167
Atteridgeville & Saulsville.....	86
Lady Selborne.....	78
Eersterus.....	2
Eastern Suburbs.....	3
Northern Suburbs.....	7
Eastwood.....	5
Western Suburbs.....	1

The age groups and sexes of the cases are shown in the following table:—

AGE GROUPS IN SEXES									
Sex	0-1 yrs.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-6 yrs.	6-7 yrs.	Over 7 yrs.	Total
Males.....	14	121	33	9	3	3	—	1	184
Females.....	25	91	38	6	3	1	1	—	165
TOTAL.....	39	212	71	15	6	4	1	1	349

Two hundred and fourteen (214) of the cases were notified by the General Hospital, 126 by the Municipal clinics and 9 by the Registrar of Births and Deaths.

STAPHYLOCOCCAL INFECTIONS:
(In mothers and new born babies.)

During the year 147 (176) cases of the disease were notified. Eighty of the patients were Europeans and 67 were non-Europeans.

The incidence for Europeans has again shown a considerable decrease over previous years figure. The notifications for 1963 and 1962 were 111 and 133 respectively.

The figures for non-Europeans has remained constant but it is still considered that many cases are never discovered.

The distribution of the cases, together with the number of confinements in each Maternity Home or group, and the percentage of mothers or babies who showed signs of infection after parturition are shown in the following table:

Europeans:

	No. of Infections		No. of Confinements		Percentage of Confinements infected	
Hospital A.....	29	(31)	1,483	(1,460)	1.9%	(2.1%)
Hospital B.....	28	(42)	1,854	(1,451)	1.5%	(2.8%)
Hospital C.....	17	(27)	2,016	(1,928)	0.9%	(1.4%)
Hospital D.....	4	(5)	387	(432)	1.0%	(1.1%)
Midwives.....	2	(6)	780	(488)	0.2%	(1.2%)
TOTAL.....	80	(111)	6,520	(5,759)	1.2%	(1.9%)

Non-Europeans:

Hospital E.....	58	(51)	6,356	(6,429)	0.9%	(0.8%)
Hospital F.....	5	(3)	1,593	(1,559)	0.3%	(0.2%)
Midwives.....	4	(11)	692	(867)	0.5%	(1.2%)
TOTAL.....	67	(65)	8,641	(8,855)	0.7%	(0.7%)

Health visitors discover most of the cases on their routine visits to newborn babies, usually 14 days after birth when the mothers and babies are at home again. In addition to the ordinary routine investigations of these births, mothers are questioned on the possible presence of Staphylococcal lesions. Where necessary swabs are immediately taken and any abnormal condition is reported.

The sites of infection in the 147 cases reported, were as follows:—

In 13 of the cases, infection of two or more sites were recorded.

Discharging eyes.....	60	(77)
Breast Abscesses.....	46	(52)
Boils.....	4	(9)
Skin lesions (pustules or septic rashes).....	45	(36)
Septic Umbilicus.....	3	(4)
Septic finger nails.....	1	(5)
Septic discharge from ear.....	1	(—)
TOTAL.....	160	(188)

In 86 of the cases, diagnostic swabs were taken. Eighty two of these showed Coagulase (†) Staphylococcus to be present. In 4 of the cases no growth was found. Swabs were not taken from the balance of the cases (61), as the lesions had been treated and had already healed by the time the Health visitor made her visit. From the Clinical history however, the lesions were considered to be Staphylococcal.

In 14 of the cases where lesions showed Coagulase (†) Staphylococcus to be present, a second organism was found to be present.

These were as follows:—

Coagulase (†) Staphylococcus and Beta Haemolytic Streptococcus.....	4 cases
Coagulase (†) Staphylococcus and Diplococcus Pneumonia.....	1 case
Coagulase (†) Staphylococcus and E. coli.....	3 cases.
Coagulase (†) Staphylococcus and Psendmonas Aeruginosa.....	2 cases
Coagulase (†) Staphylococcus and Enterococcus	1 case.
Coagulase (†) Staphylococcus and Proteus Organisms	1 case.
Coagulase (†) Staphylococcus and Peracolonase.....	1 case.

One case showed infection by two separate strains of Staphylococcus.

Sensitivity tests were also carried out on cases of Coagulase (†) Staphylococcus to assist in the treatment of patients.

The number of Coagulase (†) swabs which showed insensitivity to the various anti-bacterial agents were as follows:—

Colistin.....	65	(96)	Kanamycin.....	4	(5)
Polymixen	62	(98)	Chloramphenicol.....	4	(11)
Penicillin.....	59	(63)	Novobiocin.....	3	(6)
Ampicillin.....	45	(56)	Sulphonamides.....	2	(—)
Streptomycin.....	24	(29)	Chlortetracycline.....	1	(8)
Tetracycline.....	23	(37)	Oxitetracycline.....	1	(9)
Erythromycin.....	12	(4)	Vancomycin.....	1	(—)

Supervision of persons practising midwifery in the Municipal Area, other than Medical Practitioners is carried out by the Inspectress of Midwives. Her duties include routine inspections of Maternity Homes under our control.

Regular inspections of the Maternity Homes were made and the staff advised in the control of this infections.

Maternity Homes under our control are still co-operating extremely well with the staff of the Department.

MENINGOCOCCAL MENINGITIS.

The following cases were reported.

	<i>Europeans</i>	<i>Non-Europeans</i>	<i>Total</i>
Local Cases.....	6 (2)	1 (2)	7 (4)
Imported Cases.....	1 (—)	— (—)	1 (—)

All the patients were removed to hospital where two, both European females aged 19 and 62 respectively, unfortunately died.

OTHER INFECTIOUS DISEASES REPORTED

	<i>Local</i>		<i>Imported</i>	
	<i>Europeans</i>	<i>Non-Europeans</i>	<i>Europeans</i>	<i>Non-Europeans</i>
Malaria.....	—	—	1	1
Erysipelas.....	3	1	—	—
Puerperal Sepsis.....	—	1	—	—
Encephalitis.....	5	2	—	1
Leprosy.....	1	7	—	1

Incorporated Areas:

Encephalitis.....	1	—	—	—
Erysipelas.....	1	—	—	—

TUBERCULOSIS

Notifications in respect of Non-Europeans for the year have shown an increase but the increase is actually due to new policy adopted by the State Health Authorities whereby all cases of 5 years or under showing a positive Heaf test, are notified and treated as tuberculosis cases, irrespective of the fact that clinically or radiologically, there are no signs of Tuberculosis.

As a result of the incorporation of outlying areas in July, 1964, an additional clinic was conducted in Parkmore. This clinic serves the Eastwood Bantu area and other patients on farms and small holdings in the area. The clinic was functioning prior to incorporation and was merely continued after the City Council took over these aresa.

The Tuberculosis Services Staff has been increased by an additional Radiographic Technical Assistant.

VITAL STATISTICS

The following table A shows the total number of notifications for the year, classified in the various races and sexes, together with the respective incidence rates for the local cases only. In tables B and B.1 comparative tables of notifications and incidence rates for the years 1949 to 1964, are given.

NOTIFICATIONS FOR THE YEAR 1964

TABLE A

Race	Sex	Local cases			Imported cases			Local and imported cases			Incidence rate per 1,000 population (local)	
		Pulmonary Tubercu- losis	Other Forms	All Forms	Pulmonary Tubercu- losis	Other Forms	All Forms	Pulmonary Tubercu- losis	Other Forms	All Forms	Pulmonary Tubercu- losis	Other Forms
Europeans.....	M	13	8	21	5	—	5	18	8	26	0.076	.047
	F	16	5	21	2	—	2	18	5	23	0.093	.029
TOTAL.....		29	13	42	7	—	7	36	13	49	0.169	.076
												172,000
Eurafricans.....	M	12	—	12	2	—	2	14	—	14	2.4	—
	F	3	2	5	—	—	—	3	2	5	.6	0.4
TOTAL.....		15	2	17	2	—	2	17	2	19	3.00	0.4
												5,000
Asiatics.....	M	2	—	2	—	—	—	2	—	2	0.25	—
	F	—	1	1	—	—	—	—	1	1	—	0.125
TOTAL.....		2	1	3	—	—	—	2	1	3	0.25	0.125
												8,000
Bantus.....	M	351	110	461	26	4	30	377	114	491	1.766	0.553
	F	157	103	260	36	7	43	193	110	303	0.790	0.518
TOTAL.....		508	213	721	62	11	73	570	224	794	2.556	1.071
												198,800
All Non-Europeans.....	M	365	110	475	28	4	32	393	114	507	1.723	0.519
	F	160	106	266	36	7	43	196	113	309	0.755	0.501
TOTAL.....		525	216	741	64	11	75	589	227	816	2.478	1.020
												211,800
All races.....	M	378	118	496	33	4	37	411	122	533	0.985	0.307
	F	176	111	287	38	7	45	214	118	332	0.459	0.289
TOTAL.....		554	229	783	71	11	82	625	240	865	1.444	0.596
												383,800

TABLE A CONTINUED — INCORPORATED AREAS — 1st JULY, 1964 TO 31st DECEMBER, 1964

		Local cases			Imported cases			Local and imported cases		
Race	Sex	Pulmonary Tubercu- losis	Other Forms	All Forms	Pulmonary Tubercu- losis	Other Forms	All Forms	Pulmonary Tubercu- losis	Other Forms	All Forms
Europeans.....	M	9	1	10	—	—	—	9	1	10
	F	4	2	6	—	—	—	4	2	6
	TOTAL.....	13	3	16	—	—	—	13	3	16
Eurafricans.....	M	7	1	8	—	—	—	7	1	8
	F	2	—	2	—	—	—	2	—	2
	TOTAL.....	9	1	10	—	—	—	9	1	10
Asiatics.....										
NIL										
Bantus.....	M	21	—	21	1	—	1	22	—	22
	F	4	—	4	2	—	2	6	—	6
	TOTAL.....	25	—	25	3	—	3	28	—	28
All Non-Europeans.....	M	28	1	29	1	—	1	29	1	30
	F	6	—	6	2	—	2	8	—	8
	TOTAL.....	34	1	35	3	—	3	37	1	38
All races.....	M	37	2	39	1	—	1	38	2	40
	F	10	2	12	2	—	2	12	2	14
	TOTAL.....	47	4	51	3	—	3	50	4	54

AGE GROUPS:

The following tables C and C.1 show the incidence of Tuberculosis in age groups for Europeans and Non-Europeans respectively, over the past 12 years, together with the percentage of the total cases reported in each group for that year.

TABLE C
EUROPEAN CASES — LOCAL AND IMPORTED

	0-1		2-5		6-10		11-20		21-40		41 and over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1953.....	2	1	1	—	1	—	—	1	9	14	16	6	29	22
1954.....	1	—	3	—	3	1	—	3	6	10	16	8	39	22
1955.....	2	1	—	4	3	2	5	—	10	11	17	8	37	26
1956.....	—	—	2	2	1	1	—	1	3	13	26	6	22	23
1957.....	—	—	3	—	1	3	4	2	10	13	19	4	37	22
1958.....	—	—	2	3	3	2	3	1	11	4	26	6	45	11
1959.....	—	—	4	2	1	3	—	4	12	7	21	5	38	20
Percentage of total Tuberculosis notifications.....	—		10%		7%		7%		32%		44%			
1960.....	—	—	1	1	1	1	1	1	6	7	10	6	19	16
Percentage of total Tuberculosis notifications.....	—		5%		5%		5%		39%		46%			
1961.....	—	—	—	1	—	—	1	—	9	5	16	3	26	10
Percentage of total Tuberculosis notifications.....	—		3%		—		3%		40%		54%			
1962.....	1	—	—	—	1	1	2	—	6	2	21	5	31	8
Percentage of total Tuberculosis notifications.....	2%		—		5%		5%		21%		67%			
1963.....	—	1	—	1	—	2	3	1	5	7	16	4	24	16
Percentage of total Tuberculosis notifications.....	2%		3%		5%		10%		30%		50%			
1964.....	—	—	8	8	—	—	2	1	3	3	13	11	26	23
Percentage of total Tuberculosis notifications.....	—		32%		—		6%		12%		49%			
Incorporated Areas 1st July, to 31st December, 1964.....	—	1	1	3	2	—	—	—	2	1	5	1	10	6

TABLE C1
NON-EUROPEAN CASES — LOCAL AND IMPORTED

	0-1		2-5		6-10		11-20		21-40		41 and over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1953.....	4	4	18	14	10	6	14	16	82	58	67	18	195	116
1954.....	11	3	31	39	11	12	20	24	82	75	121	47	276	200
1955.....	11	7	37	33	24	17	21	36	98	93	133	41	324	227
1956.....	13	6	45	38	25	78	23	40	112	91	81	24	299	227
1957.....	12	2	36	47	24	25	28	28	119	102	134	34	350	238
1958.....	7	11	51	46	33	34	41	46	136	107	175	38	442	282
1959.....	10	8	49	62	25	21	34	50	158	106	132	47	408	284
Percentage of total Tuberculosis notifications.....	2%		14%		6%		13%		38%		36%			
1960.....	13	17	57	58	18	23	25	37	146	107	141	36	401	278
Percentage of total Tuberculosis notifications.....	5%		17%		6%		9%		37%		26%			
1961.....	28	18	83	97	33	44	43	44	183	138	167	49	537	390
Percentage of total Tuberculosis notifications.....	5%		19%		8%		9%		35%		24%			
1962.....	45	29	81	63	31	47	37	58	172	126	190	51	556	374
Percentage of total Tuberculosis notifications.....	8%		16%		8%		10%		32%		26%			
1963.....	26	34	54	70	24	26	31	55	190	120	155	380	480	343
Percentage of total Tuberculosis notifications.....	7%		15%		6%		10%		38%		24%			
1964.....	32	23	85	81	20	25	24	40	194	107	152	33	507	309
Percentage of total Tuberculosis notifications.....	6%		20%		5%		7%		29%		22%			
Incorporated Areas 1st July to 31st Dec., '64.....	—	1	1	2	—	—	1	1	13	5	14	—	29	9

FORMS OF TUBERCULOSIS:

The various forms in which the disease occurred during the year are shown in the following table. The figure for Primary Complex shows a considerable increase over last year's figure of 119. This is almost entirely due to the fact that intense tuberculin testing was carried out at some Non-European schools during the latter half of the year.

TABLE D

	Local			Imported			Grand
	European	Non-European	Total	European	Non-European	Total	Total
Pulmonary.....	30	526	556	7	63	70	626
Primary Complex.....	10	182	192	—	8	8	200
Miliary.....	—	5	5	—	—	—	5
Glands.....	1	11	12	—	2	2	14
Bones & Joints.....	—	4	4	—	—	—	4
Peritonitis.....	—	2	2	—	1	1	3
Meningitis.....	—	5	5	—	—	—	5
Laryngeal.....	1	1	2	—	—	—	2
Pericarditis.....	—	1	1	—	—	—	1
Reproductive Organs.....	—	2	2	—	—	—	2
Intestines.....	—	2	2	—	—	—	2
Mammae.....	—	—	—	—	1	1	1
TOTAL.....	42	741	783	7	75	82	865

Incorporated Areas

Pulmonary.....	13	34	47	—	3	3	50
Primary Complex.....	3	1	4	—	—	—	4
	16	35	51	—	3	3	54

SOURCES OF NOTIFICATIONS

Notifications were received from the sources shown in the following table. As in previous years, the large majority of cases are discovered and notified by our Tuberculosis Clinics.

TABLE E

	Local				Imported				Total	
	European		Non-European		European		Non-European			
Tuberculosis Clinics.....	31	(16)	456	(433)	5	(8)	47	(60)	539	(517)
General Hospital.....	2	(2)	106	(89)	—	(—)	7	(20)	115	(111)
Isolation Hospital.....	3	(1)	138	(131)	1	(—)	18	(20)	160	(152)
Private Practitioners.....	—	(2)	3	(1)	—	(1)	—	(1)	3	(4)
West Koppies Hospital.....	4	(—)	6	(5)	—	(—)	2	(3)	12	(8)
Registrar of Births and Deaths.....	—	(2)	15	(27)	—	(2)	—	(1)	15	(32)
Other sources.....	2	(5)	20	(25)	1	(1)	1	(8)	24	(43)
Total.....	42	(28)	741	(711)	7	(12)	75	(112)	865	(863)

Incorporated Areas

Tuberculosis Clinics.....	10	17	—	—	27
General Hospital.....	—	9	—	1	10
Isolation Hospital.....	2	5	—	1	8
Registrar of Births and Deaths.....	2	1	—	—	3
Other sources.....	2	3	—	1	6
Total.....	16	35	—	3	54

HOSPITALISATION

The number of cases admitted to Sanatoria and their distribution to various hospitals are reflected in the following table.

Institution	Europeans			Non-Europeans			Total
	M	F	Total	M	F	Total	
Knights Chest.....	—	—	—	142	93	235	235
S.A.N.T.A. Pretoria.....	—	—	—	193	61	254	254
Zonderwater.....	—	—	—	96	—	96	96
Rietfontein.....	4	2	6	17	8	25	31
East Rand Chest.....	—	—	—	3	2	5	5
S.A.N.T.A. Modder B.....	—	—	—	1	5	6	6
Randfontein South.....	—	—	—	1	—	1	1
Rose Chest.....	—	—	—	16	4	20	20
King George V.....	—	1	1	—	—	—	1
Meintjies T.B. Settlement.....	—	—	—	1	1	2	2
Philadelphia.....	—	—	—	1	—	1	1
TOTAL.....	4	3	7	471	174	645	652

CONTACT SPREAD:

The following table shows the number of cases who gave histories of being contacts of known cases or of having Tuberculosis in their families, or both

Contact of known cases	Familial History	Contact of Familial History	Total
17 (16)	241 (265)	1 (3)	259 (284)

These cases were discovered by Home visiting, by the Nursing Staff, by the regular Clinics and by Out-Patient and X-Ray services.

CLINICS, OUT-PATIENTS AND X-RAY SERVICES:

The number of x-rays taken by the mobile unit totals 38,937 which shows an increase of 16,095 compared with 1963.

The number of x-rays taken of Tuberculosis cases together with the numbers that have shown deterioration or improvement, are reflected in the following table. The balance of the cases remained static.

Clinic	Total number of X-rays	Improved	Deteriorated	Static
Whites.....	208	40	8	160
Parkmore.....	67	1	4	62
Mamelodi.....	1,289	104	41	1,144
Atteridgeville.....	1,465	119	101	1,245
Lady Selborne.....	722	77	39	606
Compound.....	646	65	46	535
	4,397	406	239	3,752

X-rays taken of suspects, old contacts and new contacts together with their results are as follows:—

Clinic	Number of suspect cases			Old contacts			New contacts		
	Positive	Negative	Total	Positive	Negative	Total	Positive	Negative	Total
Atteridgeville.....	42	279	321	79	1,071	1,150	30	1,637	1,667
Compound.....	19	102	121	4	177	173	3	62	65
Lady Selborne.....	3	303	300	11	598	609	3	331	334
Mamelodi.....	45	522	567	29	1,915	1,944	11	811	822
Parkmore.....	6	0	6	1	2	3	3	140	143
Whites.....	5	91	96	0	259	259	3	182	185

The number of X-Rays of Bantu, taken at the Influx Control Centre totals 4,083. 32 of these were positive. It was decided to X-Ray all prospective employees for a week during December, which was a quiet month. 1,046 X-Rays were taken, 7 being positive and 21 suspect. This was further proof of the value of X-raying all prospective employees at the Influx Control Centre, Out of a total number of 30,953 X-Rays taken, 16,279 were from private concerns. This figure represents 4,140 Whites, 3 of whom proved positive, and 8,787 Non-Whites, 92 of whom proved positive.

Number of patients at clinics		Home	Attendances	
		Visits	Cases	Contacts
Whites.....	120	2,525	787	583
Parkmore.....	41	None	102	158
Mamelodi.....	4,848	1,795	3,138	3,389
Lady Selborne.....	1,607	610	1,802	1,106
Coloured Location.....	187	None	1,793	382
Atteridgeville.....	2,800	3,105	2,930	3,340

B.C.G. Vaccine:

Only 6,700 doses were administered to contacts, static cases and new-born babies of one week old. The percutaneous type was used and no unusual reactions were observed.

HEAF TESTS

Heaf Tests are being performed on a large scale on children ranging from 3 months to 5 years at clinics, crèches and primary schools.

It is intended to trace positive cases and also to determine which age-group shows the highest incidence of TB so as to make the best possible use of B C G vaccine.

Tests performed on 364 White children showed 38 positive reactors, but on being X-rayed all proved to be negative. In accordance with the Department of Health's policy, 31 children under the age of 5 years were placed under treatment. Among the 8,270 Non-White children, 1,265 reacted positively, 7 results being confirmed subsequently by X-ray.

CONTROL OVER PATIENTS

Since May, 1963, when a survey was made and it was found that only 23% of the out-patients regularly came to fetch their medicines, we decided to exercise strict control over our patients. Bad cases were placed under compulsory daily treatment which obliges them to come for daily injections and to swallow all the tablets simultaneously in the presence of the sister. Other cases are controlled by consulting the books to ensure that they fetch their medicines regularly. These methods of control produce excellent results. Not only do the patients fetch their tablets more regularly, but there has also been a considerable drop in the incidence of TB. The compulsory daily treatment, especially, has produced astonishing results even in stubborn positive cases which have become negative for the first time and remained so. This also ensures that the expensive medicines are not wasted. The results are so promising that this system might well be carried out successfully on a more extensive scale throughout the country, if need be with the aid of mobile clinics which go out daily and stop at suitable places.

DEATHS

The total deaths occurring during the year were as follows:—

	Europeans		Non-Europeans		Total	
Cases notified during 1964 and who also died during 1964.....	—	(3)	64	(84)	64	(87)
Cases notified prior to 1964 but who died during 1964.....	3	(10)	37	(62)	40	(72)
	3	(13)	101	(146)	104	(159)
Cases from Incorporated Areas notified during 1964 and who died during 1964....	4		2		6	
Cases as above notified prior to 1964 but who died during 1964.....	—		—		—	
	4		2		6	

The following Table F, shows Tuberculosis mortality in races and sexes together with death rates for the respective groups.

INCORPORATED AREAS
MORTALITY 1964 (OLD AND NEW CASES)

TABLE F

Race	Sex	Local cases			Imported cases			Local and imported cases		
		Pulmonary Tubercu- losis	Other Forms	All Forms	Pulmonary Tubercu- losis	Other Forms	All Forms	Pulmonary Tubercu- losis	Other Forms	All Forms
Europeans.....	M	3	—	3	1	—	1	4	—	4
	F	—	—	—	—	—	—	—	—	—
TOTAL.....		3	—	3	1	—	1	4	—	4
Eurafricans.....	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
TOTAL.....		—	—	—	—	—	—	—	—	—
Asiatics.....	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
TOTAL.....		—	—	—	—	—	—	—	—	—
Bantu	M	2	—	2	—	—	—	2	—	2
	F	—	—	—	—	—	—	—	—	—
TOTAL.....		2	—	2	—	—	—	2	—	2
All Non-Europeans.....	M	2	—	2	—	—	—	2	—	2
	F	—	—	—	—	—	—	—	—	—
TOTAL.....		2	—	2	—	—	—	2	—	2
All races.....	M	5	—	5	1	—	1	6	—	6
	F	—	—	—	—	—	—	—	—	—
TOTAL.....		5	—	5	1	—	1	6	—	6

MORTALITY RATE PER 1,000 POPULATION COMPARED WITH EARLIER YEARS
(LOCAL AND IMPORTED)

Race	1960		1961		1962		1963		1964		All forms						
	Pul- mo- nary	Other forms	Pul- mo- nary	Other forms	Pul- mo- nary	Other forms	Pul- mo- nary	Other forms	Pul- mo- nary	Other forms	1958	1959	1960	1961	1962	1963	1964
European.....	.051	.013	.018	.006	.018	.012	.047	.029	.012	.006	.04	.058	.064	.024	.03	.076	.£017
Non-European.....	.443	.119	.535	.155	.628	.175	.545	.154	.349	.062	.645	.68	.552	.68	.801	.699	.£411
All races.....	.266	.068	.301	.086	.354	.103	.322	.098	.198	.036	.369	.405	.334	.387	.459	.42	.£234

AGE GROUPS:

The following table shows deaths from Pulmonary Tuberculosis in the various age groups:—

	0-1		1-5		6-10		11-15		16-20		21-30		31-40		41-50		50 & over		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
European.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—
Non-European.....	1	1	3	—	1	—	—	1	1	2	8	7	9	5	21	5	18	5	62	26
Total.....	1	1	3	—	1	—	—	1	1	2	8	7	10	5	21	5	19	5	64	26
Incorporated Areas.....	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	4	—	6	—

Deaths from other forms of Tuberculosis and deaths in Tuberculosis sufferers who died from other causes are shown in the following table.

	Europeans		Non-Europeans		Total
	M	F	M	F	
Miliary Tuberculosis.....	1	—	1	—	2
Tuberculous Meningitis.....	—	—	1	2	3
Cancer of the Lungs.....	—	—	1	—	1
Tuberculous Primary complex.	—	—	4	3	7
Car Accidents.....	—	—	1	—	1

The stages at which death occurred in cases notified during the year were as follows:—

	Europeans		Non-Europeans		Total		Percentage total deaths %	
	M	F	M	F				
Deaths prior to notification.....	—	(3)	—	15 (21)	11 (14)	26 (38)	41 (44)	
Died within 1 month of notification....	—	—	15 (28)	6 (8)	21 (36)	33 (41)		
Died within 1-3 months of notification..	—	—	5 (3)	5 (4)	10 (7)	16 (8)		
Died within 3-6 months of notification..	—	—	2 (4)	1 (—)	3 (4)	4 (5)		
Died within 6-12 months of notification.	1	—	1 (2)	2 (—)	4 (2)	6 (2)		
TOTAL.....	1 (3)	—	39 (58)	25 (26)	64 (87)	100		
Peri Urban—Prior to notification.....	4	—	2	—	6			

From the table above it is seen that 74 per cent of the cases which were notified during the year and who died during the year, occurred before notification or within 1 month after notification and it is again evident, as reported in previous years, that it is so often the Bantu male, the breadwinner, who delays to come for medical treatment, for fear of financial loss and inability to support his family if he is forced to discontinue his work and be admitted to hospital.

Chapter III

INFECTIOUS DISEASES HOSPITAL

This hospital, an institution of 90 beds, is the property of the City Council of Pretoria and is situated in the grounds of the Pretoria General Hospital.

The European pavilions, which are entirely separate from the non-European section can accommodate 50 patients, while the non-European pavilions have 40 beds. There is no separate accommodation for Asiatic or Coloured patients, but when possible they are nursed in private, single or two-bedded wards.

The non-European section is staffed entirely by Bantu nurses, with an occasional Indian or Eurafrican nurse who is taking her training at the Pretoria General Hospital.

FINANCIAL ARRANGEMENTS.

The Pretoria Hospital Board supplies all nursing staff, dispensing requirements, X-ray facilities, rations, linen and laundering, steam, light and water, together with certain specified costs of maintenance of building and equipment.

The City Council in return pays a fixed sum per patient per day for those patients for which it accepts financial responsibility. This sum is revised at intervals by arrangement when rising costs warrant it.

In addition by mutual agreement, the Specialist Staff of the General Hospital is available for consultation at the Infectious Diseases Hospital, while the City Council's Medical Officers provide a twenty-four hour infectious diseases consultation service which is used and appreciated particularly by the staff of the casualty and admissions section of the General Hospital.

AREAS SERVED.

These include the Pretoria Municipal area, its Peri-urban areas and the Northern Transvaal, but patients are accepted from any other area which happens to be having difficulty in accommodating its own patients during, for example, an epidemic period.

AMBULANCE ARRANGEMENTS.

The Pretoria City Council provides its own infectious diseases ambulance service. The Peri-urban Areas Health Board does the same, while other local authorities send their patients in by rail, taxi or ambulance as the occasion demands.

INFECTIOUS DISEASES HOSPITAL. STATISTICS.

N.B.—Comparative figures are given in brackets and relate to the twelvemonth period January 1st 1963 to December 31st 1963.

TOTAL ADMISSIONS.

Nine-hundred and ninety-eight (940) patients of which 186 (163) were Europeans and 812 (777) non-Europeans, were admitted.

The area distribution was:

	Pretoria	Other areas
Europeans.....	122 (96)	64 (67)
Non-Europeans.....	477 (446)	335 (331)

ACUTE ANTERIOR POLIOMYELITIS.

It is great pleasure to record that not a single case of Poliomyelitis was admitted to the Isolation Hospital this year.

DIPHTHERIA.

One hundred and thirty-eight (162) patients were admitted during the year, of whom 30 (25) were Europeans and 108 (137) were non-Europeans. One local European child was regarded as a temporary carrier of the diphtheria bacillus.

DISTRIBUTION.

	Pretoria	Other areas
Europeans.....	18 (9)	12 (16)
Non-Europeans.....	39 (30)	69 (107)

SEASONAL DISTRIBUTION.

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
7 (20)	12 (27)	24 (17)	12 (33)	11 (10)	11 (5)	13 (4)	9 (6)	4 (5)	5 (9)	10 (6)	20 (11)

Of the patients admitted 58.0 per cent (57.4%) were children of five years or under five years of age.

Europeans.

Only one patient, a European girl aged 12 years, died within a few hours of admission of a severe “bullneck” diphtheria. Six other cases of “bullneck” attacks recovered after lengthy periods of hospitalisation. On four other cases tracheostomy operations had to be performed for diphtheritic respiratory obstruction. All of these made uneventful recoveries.

Non-Europeans.

Thirty-three cases died and of these six had “bullneck” attacks and another four were cases on whom tracheostomy operations were performed. Three cases with “bullneck” attacks recovered. A total of 14 tracheostomy operations had to be performed: eleven of these for diphtheritic respiratory obstruction and three were on cases which developed pharyngeal laryngeal and diaphragmatic paralysis as late complications. One of these lastmentioned cases died.

TYPHOID FEVER.

The total number of cases treated was 137(79) of which 7(6) were Europeans and 130(73) were non-Europeans.

SEASONAL DISTRIBUTION.

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
21 (14)	28 (6)	21 (13)	8 (5)	7 (7)	4 (1)	5 (2)	2 (2)	5 (3)	2 (10)	5 (6)	29 (10)

AREA DISTRIBUTION.

	Pretoria	Other areas
Europeans.....	3 (5)	4 (1)
Non-Europeans.....	45 (33)	85 (40)

All Europeans made uneventful recoveries.

Of the non-European cases nine died. Of these two had perforations, one with an additional cirrhoris of the liver, and most of the others were admitted in a very advanced stage of the disease. Two other cases of perforation made good recoveries. Three cases developed a post-typhoid fever psychosis but all of them recovered.

SCARLET FEVER.

Two (4) European and two (1) Non-European cases were admitted.

DISTRIBUTION.

	Pretoria	Other areas
Europeans.....	1 (2)	1 (2)
Non-Europeans.....	2 (1)	0 (0)

The local European child was admitted on account of surgical scarlet fever. The remaining three cases were admitted because home circumstances warranted such a step.

PULMONARY TUBERCULOSIS.

Cases of Pulmonary Tuberculosis are not usually accommodated at the Isolation Hospital, but during the year it was necessary to accept a number of cases for one or more days whilst arrangements were being made for their admission to various sanatoria. A number of patients who arrived at the General Hospital in a moribund condition had also to be admitted.

DISTRIBUTION.

	Pretoria	Other areas
Europeans.....	10 (6)	1 (4)
Non-Europeans.....	229 (228)	100 (96)

Two European and 19 non-European patients died before arrangements could be made for their transfer to sanatoria.

Note:—For hospitalisation of Tuberculosis cases generally, see section under Tuberculosis.

GERMAN MEASLES.

Of the six cases admitted, five were members of the nursing staff of the Pretoria General Hospital and the remaining case was admitted for conditions not related to his attack of German Measles.

DISTRIBUTION.

	Pretoria	Other areas
Europeans.....	6 (6)	0 (0)
Non-Europeans.....	0 (1)	0 (0)

There were no deaths.

MEASLES.

Measles is not a notifiable disease in Pretoria, and the cases admitted are only a very small fraction of the number of children actually attacked.

A total of 41 (19) Europeans and 105 (98) non-Europeans was admitted.

DISTRIBUTION.

	Pretoria		Other areas	
Europeans.....	35	(10)	6	(9)
Non-Europeans.....	73	(66)	32	(32)

Europeans.

The only death in this group was a two year old child that died within a few hours of admission of a broncho-pneumonia. Four cases had severe laryngo-tracheitis; one of these was so bad that a tracheostomy had to be done to save it's life. Three cases of encephalitis occurred. One child had to have a bilateral myringotomy performed for middle-ear infection. The majority of other cases suffered bronchopneumonia as the main complication. Three patients were nurses of the Pretoria General Hospital and one other a student from a University hostel.

Non-Europeans:

Nine cases died—eight of bronchopneumonia and one following a tracheostomy for respiratory obstruction due to laryngo-tracheitis. One other case that had to have a tracheostomy operation for respiratory obstruction recovered. As with the European children the majority were admitted for a complicating broncho-pneumonia. In addition a large number of cases suffering from conditions quite unrelated to their measles also had to be admitted. Only one case had encephalitis as a complication.

WHOOPING COUGH:

Eighteen (12) Europeans and 29 (19) non-Europeans were admitted.

Distribution:

	Pretoria		Other areas	
Europeans.....	10	(9)	8	(3)
Non-Europeans.....	13	(14)	16	(5)

Europeans:

One child developed severe myocarditis with its attack of Whooping cough and broncho-pneumonia. Another had congenital heart disease. The others were all admitted with broncho-pneumonia and in two of them there was severe malnutrition in addition. All children recovered.

Non-Europeans:

Broncho-pneumonia was again the main complication and two deaths occurred due to this.

EPIDEMIC PAROTITIS (MUMPS):

Fourteen (13) Europeans and 5 (0) non-Europeans were admitted.
There were no deaths.

Distribution:

	Pretoria		Other areas	
Europeans.....	10	(10)	4	(3)
Non-Europeans.....	4	(0)	1	(0)

Europeans:

Seven of the cases admitted were nurses of whom one developed acute pancreatitis as a complication. Two cases were admitted with encephalitis and two with epididymo-orchitis. Three cases were admitted for conditions unrelated to their mumps.

Non-Europeans:

One case suffered from epididymo-orchitis and the others were admitted due to circumstances unrelated to their mumps.

MENINGITIS: MENINGOCOCCAL AND OTHER TYPES:

A total of eleven cases was admitted. Two suffered from aseptic meningitis whilst all the others had meningococcal meningitis. One European male, aged 69 years, who was already suffering from cardiac failure, died of his attack of meningococcal meningitis.

Distribution:

	Pretoria		Other areas	
Europeans.....	5	(1)	3	(2)
Non-Europeans.....	1	(1)	2	(1)

CHICKENPOX:

Six (17) Europeans and 21 (11) non-Europeans were admitted. There were no deaths.

Distribution:

	Pretoria		Other areas	
Europeans.....	5	(14)	1	(3)
Non-Europeans.....	13	(3)	8	(8)

Amongst the cases admitted there were two nurses and four patients were admitted from places such as hotels, where they could not be isolated. One patient suffered from encephalitis and four others were admitted with a complicating pneumonia whilst the remainder were suffering from conditions unrelated to their Chickenpox.

OTHER ADMISSIONS:

Cases of leprosy are normally admitted to the Government Leprosarium at Westfort near Pretoria, but whenever any cases there require major surgical operations they are admitted to our Isolation Hospital. Two (4) Europeans and 15 (11) non-Europeans were admitted for such purposes during the year under review.

Other Europeans admitted were five cases of Erysipelas, six of virus encephalitis and two cases of gas gangrene. One case of gas gangrene died.

Non-Europeans:

One case of smallpox (Amaas) inadvertently admitted was immediately transferred to the Government Isolation Hospital at Rietfontein. Another severely malnourished child who had been a smallpox contact, died of broncho-pneumonia. One case of generalised vaccinia, two cases of Erysipelas, one of syphilis and one purpural sepsis, also had to be admitted.

Fourteen non-Europeans had to be admitted as lodgers. These were all cases where breast-fed infants were concerned and no alternative arrangements could be made.

OBSERVATION CASES:

Twenty-eight (29) Europeans and 44 (87) non-Europeans sent in for observation were found not to be suffering from an infectious disease. Most of them were sent in as possible Diphtheria, Typhoid Fever or Pulmonary Tuberculosis cases.

None of the European cases died. Of the Non-Europeans one died of a non-infectious disease.

Distribution:

	Pretoria		Other areas	
Europeans.....	13	(11)	15	(18)
Non-Europeans.....	27	(46)	17	(41)

The following table summarises the number of cases treated, their race and distribution:—

Disease	Europeans				Non-Europeans			
	Pretoria		Other areas		Pretoria		Other areas	
Acute Anterior Poliomyelitis.....	0	(0)	0	(3)	0	(4)	0	(1)
Diphtheria.....	17	(8)	12	(14)	39	(29)	69	(107)
Diphtheria Carriers.....	1	(1)	0	(2)	0	(1)	0	(0)
Typhoid Fever.....	3	(5)	4	(1)	45	(33)	85	(40)
Scarlet Fever.....	1	(2)	1	(2)	2	(1)	0	(0)
Pulmonary Tuberculosis.....	10	(6)	1	(4)	229	(228)	100	(96)
Measles.....	35	(10)	6	(9)	73	(66)	32	(32)
German Measles.....	6	(6)	0	(0)	0	(1)	0	(0)
Whooping Cough.....	10	(9)	8	(3)	13	(14)	16	(5)
Mumps.....	10	(10)	4	(3)	4	(0)	1	(0)
Meningitis—all types.....	5	(1)	3	(2)	1	(1)	2	(1)
Chickenpox.....	5	(14)	1	(3)	13	(3)	8	(8)
Venereal Diseases.....	0	(0)	0	(0)	0	(0)	1	(0)
Other Admissions.....	6	(13)	9	(3)	31	(18)	4	(0)
Observation cases.....	13	(11)	15	(18)	27	(46)	17	(41)
TOTALS.....	122	(96)	64	(67)	477	(446)	335	(331)

Chapter IV

VENERAL DISEASES

NOTE.—Comparative figures given in brackets relate to the twelvemonth period January 1st 1963 to December 31st 1963.

The majority of clinics for venereal diseases are held in the Special Diseases Clinic building situated in the grounds of the Pretoria General Hospital.

EUROPEAN SERVICES:

Four sessions a week are held, two for females and two for males, including a session for males in the late afternoon after working hours.

The staff who also carry out other duties, consists of a medical Officer, sister and a male clinic clerk. All European sessions are conducted by the Medical Officer in charge of the Infectious Diseases Hospital.

The following table shows the number of cases attending during the year:—

Diagnosis	New cases				Attendances—New and old cases combined			
	Male		Female		Male		Female	
Sero-negative Primary Syphilis.....	2	(0)	0	(0)	10	(0)	0	(0)
Sero-positive Primary Syphilis.....	2	(1)	0	(0)	11	(16)	0	(0)
Secondary Syphilis.....	3	(0)	2	(1)	36	(2)	4	(14)
Tertiary Syphilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Latent Syphilis.....	8	(0)	1	(5)	29	(0)	7	(8)
Neuro-Syphilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Congenital Syphilis (under one year).....	0	(0)	0	(0)	0	(0)	0	(0)
Congenital Syphilis (over one year).....	0	(0)	0	(0)	0	(0)	0	(0)
TOTAL SYPHILIS.....	15	(1)	3	(6)	86	(18)	11	(22)
Gonorrhoea.....	33	(31)	14	(1)	108	(111)	58	(7)
Ulcer Molle.....	0	(0)	0	(0)	0	(0)	0	(0)
Vulvo Vaginitis.....	0	(0)	0	(0)	0	(0)	0	(0)
Veneral Warts.....	2	(1)	0	(0)	6	(1)	0	(0)
Non-specific Urethritis.....	0	(0)	0	(0)	2	(4)	0	(0)
Non-Venereal.....	33	(30)	4	(10)	93	(93)	15	(30)
GRAND TOTAL.....	83	(63)	21	(17)	293	(225)	84	(59)

NON-EUROPEAN SERVICES:

The clinics for Non-Europeans are held at various centres. The main clinics, by far the largest, are conducted as previously explained, at the Special Clinic in the Pretoria Hospital grounds. Sessions are also held at Atteridgeville and Mamelodi Poly-clinics.

The staff at the Central Clinic is the same as for Europeans with the addition of two part-time Non-European orderlies and a Non-European nurse.

The Medical Officer in charge of the Isolation Hospital conducts all four sessions at the Central Clinic, while the sessions at the other centres are conducted by the Deputy Medical Officer of Health. There is thus a total of six sessions a week for Non-Europeans in Pretoria, and two centres in the Bantu residential areas, at which patients may present themselves daily for treatment (excluding Saturdays and Sundays.) Sessions last approximately an hour and a half but the early evening sessions at the Central Clinic last two hours.

Tracing of contacts of Non-Europeans attending the Central Clinic which caters to a large extent for domestic servants removed from their normal family circle, is often impossible because of the casual nature of the association, the number of exposures with different partners, and the difficulty of obtaining any sort of an address. An appreciable number of patients however respond to our request to advise their contacts themselves to attend the clinics.

At the Poly-clinics in the Bantu residential areas we have been much more successful, primarily because some of the factors mentioned in the preceding paragraph do not operate to the same extent in these areas.

Absenteeism or interruption of a course of treatment is not a great problem, as the Bantu, once he has started the treatment, is only too willing to report until cured. When he does become an absentee, it is often by force of circumstances, not by choice.

The following tables show the number of patients who attended the various clinics during the year under review:—

CENTRAL OR MAIN CLINIC

Diagnosis	New cases				Attendances, new and old cases combined			
	Male		Female		Male		Female	
Sero-negative Primary Syphilis.....	79	(36)	2	(0)	324	(175)	3	(0)
Sero-positive Primary Syphilis.....	189	(260)	16	(10)	821	(1,179)	58	(51)
Secondary Syphilis.....	198	(133)	202	(243)	705	(475)	1,047	(1,136)
Tertiary Syphilis.....	0	(2)	0	(1)	8	(26)	0	(12)
Latent Syphilis.....	91	(136)	190	(131)	528	(729)	312	(341)
Neuro-Syphilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Congenital Syphilis (under 1 year).....	1	(4)	2	(0)	6	(18)	11	(0)
Congenital Syphilis (over 1 year).....	0	(1)	0	(0)	0	(2)	0	(4)
TOTAL SYPHILIS.....	558	(572)	412	(385)	2,392	(2,604)	1,431	(1,544)
Gonorrhoea.....	1,046	(969)	37	(30)	3,897	(3,643)	145	(97)
G.C. Vulvo Vaginitis.....	0	(0)	0	(0)	0	(0)	0	(0)
Venereal Warts.....	14	(32)	3	(6)	81	(138)	18	(28)
Non-Specific Urethritis.....	0	(0)	0	(0)	0	(0)	0	(0)
Non-Venereal.....	263	(345)	85	(65)	802	(1,066)	211	(191)
GRAND TOTAL.....	1,881	(1,918)	537	(486)	7,172	(7,451)	1,805	(1,860)

	Male		Female	
Number of cases suffering from two or more venereal diseases.....	128	(147)	4	(5)
Number of cases discharged on probation.....	180	(132)	70	(96)
Number of cases discharged as fully cured.....	782	(862)	99	(97)

MAMELODI POLYCLINIC

Diagnosis	New cases				Attendances — New and old cases combined			
	Male		Female		Male		Female	
Sero-negative Primary Syphilis.....	3	(2)	1	(2)	11	(3)	5	(8)
Sero-positive Primary Syphilis.....	0	(7)	3	(5)	4	(41)	22	(17)
Secondary Syphilis.....	5	(2)	45	(53)	29	(6)	257	(305)
Tertiary Syphilis.....	0	(1)	0	(0)	0	(1)	0	(0)
Latent Syphilis	4	(14)	96	(171)	29	(81)	192	(401)
Congenital Syphilis under 1 year.....	0	(0)	0	(0)	0	(1)	0	(8)
Congenital Syphilis over 1 year.....	0	(0)	0	(1)	0	(0)	4	(1)
TOTAL SYPHILIS.....	12	(26)	145	(232)	73	(133)	480	(740)
Gonorrhoea.....	14	(16)	3	(1)	47	(88)	19	(2)
Non-Venereal.....	7	(13)	18	(24)	21	(25)	49	(62)
Venereal Warts.....	0	(0)	1	(1)	0	(0)	5	(11)
GRAND TOTAL.....	33	(55)	167	(258)	141	(246)	553	(815)

	Male		Female	
Number of cases suffering from two or more Venereal Diseases.....	1	(11)	0	(0)
Number of cases discharged on probation.....	0	(1)	36	(15)
Number of cases discharged as finally cured.....	14	(6)	51	(13)

ATTERIDGEVILLE POLYCLINIC

Diagnosis	New cases				Attendances — New and old cases combined			
	Male		Female		Male		Female	
Sero-negative Primary Syphilis.....	1	(1)	1	(0)	8	(4)	3	(1)
Sero-Positive Primary Syphilis.....	7	(5)	1	(1)	45	(40)	2	(10)
Secondary Syphilis.....	16	(2)	74	(47)	73	(16)	454	(438)
Tertiary Syphilis.....	0	(1)	0	(0)	0	(8)	0	(12)
Latent Syphilis.....	9	(10)	138	(210)	83	(82)	423	(651)
Neuro-Syphilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Congenital Syphilis under 1 year.....	0	(0)	3	(0)	0	(2)	18	(8)
Congenital Syphilis over 1 year.....	0	(0)	0	(0)	2	(0)	16	(3)
TOTAL SYPHILIS.....	33	(19)	217	(258)	211	(152)	916	(1,123)
Gonorrhoea.....	13	(15)	0	(6)	69	(67)	0	(33)
Venerea Warts.....	1	(0)	3	(2)	5	(0)	14	(16)
Non-Venereal.....	11	(3)	8	(6)	49	(12)	26	(30)
GRAND TOTAL.....	58	(37)	228	(272)	334	(231)	956	(1,202)

	Male		Female	
Number of cases suffering from two or more Venereal Diseases	0	(3)	0	(1)
Number of cases discharged on probation	7	(2)	33	(24)
Number of cases discharged as finally cured	29	(9)	66	(26)

ANTE-NATAL TREATMENT OF SYPHILIS:

Serological tests for Syphilis are done on all women attending the Municipal Ante-Natal Clinics. Normally, those requiring treatment receive it at the Ante-Natal clinics, unless there are special circumstances, diagnostic or other, which demand their being referred to the Venereal Diseases Clinic.

After confinement these cases and their infants are followed up at the Venereal Diseases Clinics.

The following tables show the number of Ante-Natal cases treated for Syphilis at the various clinics:—

EUROPEAN:

	Stage of Pregnancy					
	1-3 months		4-6 months		7-9 months	
Number of pregnant women submitted to serological test	123	(167)	225	(208)	67	(42)
Number of positive or doubtful reactors	5	(2)	17	(1)	4	(0)
Number of those who had previously received treatment (at any clinic)	0	(0)	0	(0)	0	(1)
Number undergoing a first course of treatment during pregnancy	0	(0)	17	(0)	4	(1)

NON-EUROPEAN:

ATTERIDGEVILLE CLINIC

Number of pregnant women submitted to serological test	431	(335)	1,783	(1,559)	902	(886)
Number of positive or doubtful reactors	39	(25)	126	(108)	60	(38)
Number of those who had previously received treatment (at any clinic)	2	(3)	12	(31)	9	(11)
Number undergoing a first course of treatment during pregnancy	24	(16)	86	(69)	45	(28)

COMPOUND CLINIC:

Number of pregnant women submitted to serological test	132	(144)	507	(584)	172	(228)
Number of positive or doubtful reactors	17	(10)	65	(57)	19	(16)
Number of those who had previously received treatment (at any clinic)		(1)		(6)		(1)
Number undergoing a first course of treatment during pregnancy	15	(9)	64	(44)	19	(11)

MAMELODI CLINIC:

Number of pregnant women submitted to serological test	192	(197)	1,198	(1,127)	445	(400)
Number of positive or doubtful reactors	18	(20)	101	(85)	44	(31)
Number of those who had previously received treatment (at any clinic)	8	(12)	54	(66)	23	(31)
Number undergoing a first course of treatment during pregnancy	14	(13)	87	(61)	39	(22)

Chapter V

CHILD WELFARE ACTIVITIES

The work in this Section is concerned with the preventive care of expectant mothers and pre-school children of all races.

During the year the Medical staff remained unchanged and consisted of 2 full-time Medical Officers for Maternal and Child Welfare, together with 4 full-time Clinical Medical Officers, and 2 part-time Doctors.

There are 22 posts for European Health Visitors in this Department and two vacancies which existed have been filled. From July 1st, 1964, with incorporation, one European Sister was transferred from the Peri-Urban areas Health Services to our staff, so that at present, we have 23 Health Visitors.

The Non-European staff has increased from 39 last year to 43 this year. 25 of these Nurses are engaged in Child Welfare and Tuberculosis work, 14 are Midwives and 4 are untrained Bantu Nursing Assistants.

This increased is due to the appointment of three additional Midwives for Saulsville area, and the transfer of a coloured nurse from Peri-Urban Health Services following incorporation of certain areas.

It is with regret that we have to report the death of one of our Non-European nurses, Nurse Rebecca Setlogo on 18.6.64,

The two non-European Male clerks, appointed last year to assist at Mamelodi Clinic have been most useful. They relieve the trained nursing staff of duties which can easily be performed by unqualified person such as drawing and filing of cards and other routine matters. Although Saulsville and Atteridgeville together constitute Atteridgeville proper, we have continued to treat the two clinic entities separately for administrative purposes.

The population of this area has become more stable during the past year, but attendances at the Saulsville and Atteridgeville Clinics, both for Child Welfare and Ante-Natal purposes, have greatly increased. The Child Welfare attendances have practically doubled during the past year. This can probably be accounted for by the fact that a settled population becomes more aware of clinics facilities, and closer contact with the Clinic is affected because of this awareness, together with repeated home visiting by our nursing staff.

Additional Medical staff will probably be required in view of the increased attendances.

The Medical Officer at Saulsville at present receiving sessional help from one of the other full-time Doctors, has been able to deal with the work, but any further increase would warrant the appointment of another part-time doctor (Sessional help means help for a morning or afternoon). The position at Atteridgeville, especially for the Child Welfare clinics, is the same.

It will be necessary to consider the appointment of two Child Welfare nurses for Saulsville Clinic in the coming year and at Atteridgeville, the appointment of an additional Midwife and addition a Child Welfare nurse also merits consideration.

Another pertinent factor here will be the establishment of an additional Clinic in order to meet the needs of those inhabitants on the western side of the area.

The Clinic at Mamelodi this year has served mainly patients from Mamelodi West. The population of this township has increased from 64,000 last year to 66,000 this year and the number of houses from 9,000 to 10,000.

The attendance figures for Mamelodi show a gradual increase and it will be necessary to appoint an additional Child Welfare nurse for this area as well. This will mean a lot to those patients who live far away from the Clinic but who would derive benefit from the visits of a Child Welfare nurse.

The establishment of a Clinic for Mamelodi East which has been postponed pending negotiations with the State Health and Provincial Authorities is to receive further consideration.

PREMISES:

European Clinic services in Pretoria have remained the same. However, with the incorporation of "greater Pretoria", two additional immunization clinics have been taken over, at Silverton and Pretoria North respectively, where Clinics are conducted once a week.

The Pretoria North Clinic is conducted in two rooms situated behind the old Municipal Buildings. However, arrangements are being made for better facilities available at the Pretoria North City Hall.

At Silverton weekly sessions are conducted in the entrance hall of the City Hall. Although this is not ideal, we feel that there is a need to assist the residents of this area, and that attendance figures will rise. Large numbers from East Lynne and Koedoespoort attend here for immunization, as it is more convenient for them than to come to the Central Clinic in town.

The establishment of more Child Welfare Clinic facilities will have to be considered for these areas in the near future and will necessitate additional staff.

GENERAL:

A full report on the investigations carried out by Health Visitors in conjunction with the Infectious Diseases Inspectorate into Staphylococcal infections, is included elsewhere.

The services of a fully trained Dietician from the Department of Agricultural Technical Services at our Central and Hercules Ante-Natal Clinics were retained throughout the year. Time is needed to evaluate the results fully, but we feel that invaluable assistance has been given to us by this trained Dietician.

It is also intended to introduce this service at the Danville Ante-Natal Clinic during next year. These services are provided without charge by the Department of Agricultural Technical Services, to whom we are greatly indebted.

During the year weekly sessions in connection with children with behaviour problems were held. There is no psychiatrically trained Medical Officer on our staff, but the fact that mothers can come to "talk their problems over", is a very good way in which to help them overcome many conflicts.

Nursing personnel also continue to give more time to individual mothers, either at the Clinic or during home visits.

Investigations into stillbirths and deaths of children up to 5 years of age is also continuing, in order to try to establish what percentage of stillbirths and infants deaths are preventable.

GOVERNMENT SKIMMED MILK SCHEME:

This scheme functions in the areas Hercules, Compound, Saulsville, Atteridgeville and Mamelodi.

At all Clinics the total number of attendances per month have for practical purposes remained static, although at times there have been fluctuations since the inception of the Scheme in November 1961. This would indicate that where the original recipients were discharged, either because they have shown satisfactory progress after a few months or were eliminated from the scheme because of irregular attendances, their places have been taken by others.

The general feeling of the Medical Officers concerned is that there has been a definite reduction in the incidence of Kwashiorkor. No available statistical data is available to prove that this is due to the introduction of the scheme, but there can be no doubt that the provision of the Skimmed Milk Powder and the education that goes with it, has been of great value in combatting the disease.

At Saulsville Clinic it was interesting to note that many mothers who had never attended the Clinic, saw the improvement in children of relatives or friends, who had had "swelling of feet and hands". When told by the mothers of our patients that this was the result after taking the Skimmed Milk Powder, they brought not only their own children to the Clinic, but also children of friends suffering from malnutrition.

In this way it often happens that babies staying with their grandparents or other relatives, on farms, have been brought to Saulsville Clinic. Such cases we do not classify as Peri-Urban patients as the parents are actually Saulsville residents.

Very little Kwashiorkor is seen amongst the Indian community, but underweight and malnutrition amongst their babies is a frequent observation. It is still difficult to educate the Indian mother in regard to the value and importance of Skimmed Milk Powder in her baby's diet.

There has been a definite decrease in the number of cases of nutritional deficiency diseases in all these areas, and a corresponding reduction in the number of children requiring hospitalisation.

At Mamelodi Clinic the Medical staff have not noticed any marked change in the incidence of gastro-enteritis for this area amongst those taking part in the Scheme, especially in the summer months. However, at the other Clinics the reduction in gastro-enteritis has been very obvious.

At the Compound Clinic very few of those attending regularly have presented with gastro-enteritis, whereas many of the newcomers to the Clinic suffered from this disorder.

At Atteridgeville, where we have had difficulty with regular attendances it has been obvious that those attending regularly were relatively free from gastro-enteritis.

At Hercules (European) Clinic, we noticed a remarkable reduction in the incidence of gastro-enteritis, since the inception of the Scheme. Not only this, but other infections such as Tonsillitis, Otitis Media and other respiratory infections even during the winter months, have been markedly reduced amongst the recipients of the Skimmed Milk Powder.

It would therefore appear that where attendances are regular and instructions as to the regular and correct taking of the Milk powder is adhered to, the reduction of gastro-enteritis can be ascribed to the Scheme.

In all cases improvement was evident within two to three weeks with a very definite weight gain of 6 to 8 oz per week. The majority of cases had their milk discontinued after 3 months, when overall progress was apparent.

There are however, a certain number for whom it was necessary to continue for 6 to 9 months. These were cases which, because of irregular attendances, did not show the necessary and expected improvement.

At Hercules about 6 cases are still on the Scheme. The reason being because of very poor socio-economic conditions the children suffer relapses immediately the milk is discontinued.

Of the total number of cases a very small percentage, about 2 per cent, relapsed when the Scheme was discontinued.

In the Non-European areas, these were mostly those cases which, when they were better, were taken back to the grand parents or relatives, where the overall diet became deficient and inadequate. We also found relapses due to the fact that whilst the child is receiving the milk, education in regard to health matters and diet is given and adhered to, but as soon as the Scheme is discontinued, all the good advice is forgotten. The majority of cases however, after the Scheme was discontinued, continued to show an improvement in health as well as a weight gain.

EUROPEAN CLINIC SERVICES

Home visits by health visitors: (Figures for 1963 in brackets).

1964	First visits	Subsequent visits	No. of sick children visited	Total visits
	4,249 (3,879)	3,125 (4,222)	832 (1,121)	8,399 (9,322)

Details of Clinic Attendances:
(Figures for 1963 in brackets).

	First attendances		Re-attendances		Seen by doctor	
Central (Tuesday).....	10	(11)	717	(683)	697	(652)
Central (Wednesday).....	202	(157)	1,308	(815)		
Central (Friday).....	198	(151)	1,417	(866)		
Bloed Street.....	61	(64)	1,183	(595)		
West End.....	230	(155)	3,752	(1,953)	768	(553)
Proclamation Hill.....	75	(57)	924	(473)	71	(48)
Iscor.....	73	(52)	618	(483)		
Gezina.....	57	(49)	388	(400)		
Villieria (Wednesday).....	175	(143)	1,177	(1,541)	469	(445)
Villieria (Thursday).....	119	(62)	1,112	(735)		
Wonderboom South.....	88	(55)	537	(407)		
Mayville.....	133	(90)	955	(583)		
Capital Park.....	82	(97)	1,040	(587)		
Hatfield.....	60	(37)	828	(504)		
New Muckleneuk.....	98	(78)	1,392	(898)		
Sunnyside (Tuesday).....	202	(149)	2,270	(1,563)		
Sunnyside (Wednesday).....	151	(122)	2,044	(1,371)		
Riviera.....	99	(66)	1,222	(773)	92	(84)
Salvokop.....	39	(17)	740	(377)		
Danville.....	461	(98)	1,715	(1,234)	599	(477)
Defence Reserve.....	11	(4)	238	(246)		
Arcadia.....	165	(102)	1,796	(1,107)		
Showgrounds.....	33	(21)	512	(302)		
Hercules.....	277	(202)	3,773	(2,703)	1,376	(1,190)
Booysens.....	75	(59)	839	(553)		
Mountain View.....	160	(111)	1,846	(1,402)		
Pretoria Gardens.....	160	(94)	1,817	(1,430)		
Rietfontein North.....	44	(40)	364	(310)		
Voortrekker Road.....	58	(33)	355	(236)		
Pierneef Street.....	74	(74)	838	(619)		
Brooklyn.....	84	(98)	1,045	(714)		

All attendances are higher than last year.

ANTE-NATAL CLINIC ATTENDANCES.

(Figures for 1963 in brackets).

	Central	Danville	Hercules	Total
No. of new cases.....	149 (241)	66 (63)	114 (143)	329 (447)
Total attendances.....	817 (1,184)	566 (436)	826 (1,034)	2,209 (2,654)

DENTAL CLINIC.

(Figures for 1963 in brackets).

No. of cases who attended Dental Clinic..... 21 (26)

IMMUNISATION.

(Figures for 1963 in brackets).

No. of cases fully immunised against Diphtheria..... 3,060 (2,899)

No. of cases fully immunised against Whooping Cough..... 2,793 (2,289)

POLIOMYELITIS.

Details in regard to Poliomyelitis are given elsewhere.

MIDWIFERY SUPERVISION

(Figures for 1963 in brackets).

No. of midwifery bags inspected..... 123 (122)

No. of visits paid to Midwives..... 95 (68)

No. of visits to Midwifery cases..... 4 (4)

No. of visits to Maternity Homes..... 80 (68)

The supervision of Midwives and private nursing homes is undertaken by the Inspectress of

Midwives for both European and Non-Europeans.

OLD AGE HOMES.

(Figures for 1963 in brackets).

No. of Old Age Homes.....	25	(10)
No. of visits to Old Age Homes.....	45	(46)

As in the past, we have experienced again this year that those Institutions conducted by charitable organisations are satisfactory and that here we have established very good co-operation between the people concerned and this Department. As was reported last year, lack of adequate legislation especially for the control of the many privately owned homes, very definitely calls for attention and investigation. Inspections of these homes are undertaken by the Inspector of Midwives in conjunction with the Health Inspectorial staff.

When legislation is promulgated, an important factor would be not only to consider the physical care of the aged, but also the mental aspect.

NURSERY SCHOOLS.

Four Nursery Schools were regularly visited and the children medically examined by a Medical Officer and a Health Visitor.

NON-EUROPEAN STATISTICS.

Clinic services for non-Europeans are provided at Atteridgeville, Compound, Saulsville and Mamelodi.

Negotiations for opening Clinic services at Eerste Rust and Laudium have reached the stage where commencement of these services should be early next year.

Staphylococcal investigations amongst non-Europeans continues and is indertaken in the same manner as for the European population. Reports on this will be found in the Infectious Diseases Section.

Difficulties in connection with the investigations into stillbirths and deaths of children under the age of 5 year exist in the same manner as was reported on last year. Many stillbirths and deaths come to our notice long after they have occurred and in many cases the family cannot be traced for particulars.

Another factor which causes difficulty is that the cause of death in many cases is given on the Death Certificate as being due to "natural causes". This naturally, is inadequate for investigation purposes.

HOME VISITS.

(Figures for 1963 in brackets).

	Compound				Atteridgeville		Saulsville		Mamelodi	
	Bantu	Asiatic	Eurafrican		Bantu		Bantu		Bantu	
First visits to newly born infants.....	5 (1)	115 (141)	96 (66)		1,022 (977)		1,029 (857)		1,563 (2,016)	
Subsequent visits.....	3 (—)	676 (876)	734 (663)		4,219 (3,270)		417 (772)		575 (511)	
Visits to sick children.....	— (—)	89 (89)	21 (18)		— (2)		12 (10)		2 (—)	
No. of sick children visited.	— (—)	148 (92)	— (18)		— (1)		— (7)		— (1)	

CHILD WELFARE ATTENDANCES

	Compound				Atteridgeville		Saulsville		Mamelodi	
	Bantu	Asiatic	Eurafrican		Bantu		Bantu		Bantu	
First attendances....	284 (309)	309 (191)	143 (97)		2,310 1,131		4,009 (2,101)		2,504 (2,766)	
Re-attendances.....	1,804 (211)	2,075 (2,898)	2,474 (2,209)		40,422 (17,757)		43,404 (24,002)		31,879 (27,671)	
Seen by Doctor.....	713 (760)	830 (1,174)	736 (685)		15,917 (7,581)		15,585 (8,683)		10,274 (8,945)	

At the Compound Clinic, inspite of the shift of population, the figures are more or less the same for Asiatics and Eurafricans.

The figures for Bantu here are mainly Peri-Urban attendances.

At the Atteridgeville and Saulsville all attendances have more or less doubled during the past year.

ANTE-NATAL CLINIC.

(Figures for 1963 in brackets).

	Compound				Atteridgeville		Saulsville		Mamelodi	
	Bantu	Asiatics and Eurafricans			Bantu		Bantu		Bantu	
No. of new cases reporting at Clinic....	835 (771)	248 (237)			1,231 (1,080)		1,968 (1,590)		1,736 (1,710)	
No. of attendances....	3,990 (2,609)	2,032 (1,740)			8,223 (7,460)		10,722 (8,076)		9,631 (9,000)	

CONFINEMENTS DONE BY MIDWIVES.

(Figures for 1963 in brackets).

Atteridgeville	Saulsville	Mamelodi
395 (287)	445 (228)	161 (109)

There is an overall increase. At Saulsville, figures have almost doubled, following the appointment of 3 additional Midwives.

IMMUNIZATION.

(Figures for 1963 in brackets).

Number of cases immunised against Diphtheria.....	2,697 (2,652)
Number of cases immunised against Whooping Cough.....	2,306 (2,342)

No change is reflected in these figures.

PRETORIA NURSERY SCHOOLS

The Department is aware of 21 nursery schools caring for 1,348 children in Pretoria. It is possible that there may be a few more.

At some of the nursery schools medical examinations of children are periodically carried out by a Medical Officer of the Department. At others, Health Visitors carry out periodic inspections. They discuss feeding tables, check on the state of immunisation of the children and discuss any problems which may arise. If necessary, a Medical Officer is called in.

Regular inspections of premises are carried out by a Medical Officer and Health Inspectors.

The Department is continuing its efforts to get all nursery schools to comply with the standards which have been laid down.

Most of the schools have been very co-operative. The Department has also worked in close co-operation with the Department of Social Welfare.

Nineteen of the schools receive Municipal grants.

I am very pleased to report that the Nursery School Movement is growing in Pretoria. There is still need for many more schools. This is evident from the fact that most schools have long waiting lists.

It is hoped that the whole question of the responsibility of nursery schools will be settled before long, as there can be no doubt about the need.

Chapter VI

PRETORIA DENTAL CLINICS

The Pretoria Dental Clinic is managed by a Board of Control consisting of representatives from the City Council, the Transvaal Provincial Administration, the Northern Transvaal Branch of the Dental Association of South Africa and the State Health Department.

In the Annual Report of the Pretoria Dental Clinic for the year 1st April 1963 to 31st March, 1964, the following observations are made:

1. Clinical treatment is of an excellent standard, in respect of both quality and quantity.
2. No preventive measures are undertaken with the possible exception of school inspections.
3. School inspections revealed a high caries incidence. Gross neglect was furthermore evident in schools serving the lower economic groups.
4. Attendances of whites, other than school children, are insignificant.
5. The dental man-power is very low, averaging merely 5.8 per session, including the Superintendent and Orthodontist.

Chapter VII

MEDICAL EXAMINATIONS

A total of 1514 such medical examinations were conducted by medical officers in the Health Department. The figure includes medical examinations of persons entering the Municipal Service, special medical examination under the Workmen's Compensation Act or for Pension Fund or other purposes.

Chapter VIII

PRETORIA MUNICIPAL ABATTOIR

The Staff Establishment at the Abattoir is as follows:

Manager — Dr. W. J. Wheeler.
 Chief Clerk — Mr. A. G. B. Pattison.
 Typist — Miss. J. H. J. Meyer.
 Supervising Meat Inspector — Mr. T. J. v.d. Heever.
 Senior Meat Inspector — Mr. E. A. K. Hugo.
 Meat Inspectors — Seven.
 Supt. By-Products and Refrigeration Plant — Mr. B. de Lange.
 Fitter & Turner — One.
 Workshop Assistant — One.
 Senior Machine & Boiler Attendants — Four.
 Machine & Boiler Attendants — Three.
 Yard Foreman — One.
 Yard Assistants — Two.
 Cleaner Checkers — Three.
 Cleaners — Three.
Total Europeans — 31.
 Non-Europeans — 47.

Difficulty unfortunately was experienced in filling vacant posts for Meat Inspectors so that District Inspectors have had to be used to a considerable extent to maintain this essential service.

SUPPLIES OF STOCK.

Through the continued drought especially in the main area of supply in the Northern Transvaal, Livestock Agents were hard put to obtain the necessary cattle to supply Pretoria. Although the supplies at times were erratic, sufficient animals were delivered to the abattoir. The condition of the animals overall was, however, very poor and, what was most disturbing was the fact that so many very young animals and breeding stock were slaughtered as a salvage measure. The area of supply for Pretoria has been sadly depleted of cattle and adequate supplies of good slaughter stock should be difficult to come by over the next few years.

Although the number of cattle slaughtered increased in comparison with the previous year's totals, the weight of the animals was so low that the rate of slaughtering had to be accelerated to supply the demand. Overtime had thus to be worked and the quality of dressing suffered under the stress.

The price of beef particularly that of the better grades soared especially when the supplies of cattle at Johannesburg Abattoir were inadequate.

Fortunately sheep were available in sufficient quantity and the shortage of good beef could be supplemented from this source to some extent. Unfortunately the sheep slaughtering facilities were so limited that full advantage could not be taken of the offering.

Pigs were offered in such numbers that at times there was insufficient lairage available. Poorer quality animals flooded the market and high prices were obtained.

The number of poultry slaughtered, as compared to the previous year's was doubled due mainly to higher prices obtained. Poultry of course also supplemented the shortage of beef.

Over certain holiday periods the poultry abattoir was again overloaded necessitating overtime working.

Equine slaughtering after normal working hours is still being undertaken and during the year there was some increase in the numbers slaughtered. The bulk of this meat is supplied to the Zoo and to private owners of pets.

NEW ABATTOIR.

The report of Commission of Enquiry into Abattoir and Allied Facilities came to hand early in the year. The report stressed not only the poor state of the Pretoria Abattoirs but also of most of those throughout the country. The necessity of a new abattoir to serve the Pretoria Area was stressed. The report also advised the opening of the slaughtering industry to private enterprise. This led the Council to inform the Meat Control Board and the Department of Economics and Markets that it was no longer interested in building a new abattoir.

The Meat Control Board, however, realising that a number of years would elapse before anybody could erect an abattoir, approached the Council with a view to having such improvements made at the present abattoir as to supply the needs of Pretoria for the ensuing 10 years.

It was found that to effect such improvements would cost approximately R 600,000.. which sum the Council considered prohibitive.

The Meat Control Board thereupon requested that only certain alterations be made to cost about R 200,000.. and to serve Pretoria for the next five years.

To this request the Council agreed with the proviso that firstly the fees be so adjusted as to defray the cost over five years and secondly that the Minister concerned be requested to have some concern commence with the erection of the new abattoir without delay.

With a view to the second proviso it was arranged that certain Councillors together with the Manager, Abattoir and the Meat Control Board interview the Minister of Agricultural Economics and Marketing early in 1965.

IMPROVEMENTS TO ABATTOIR.

The requested improvements which, it is hoped, will be undertaken during 1965 are aimed at allowing firstly the simultaneous slaughter of sheep and cattle, secondly to provide more hanging space for sales, thirdly to replace wornout machinery in the by-products and refrigeration sections, fourthly to provide more changeroom facilities, and fifthly more lairage.

It must be emphasised that the general hygienic conditions will not in any way be improved by these alterations and that the unsatisfactory state will persist.

BY-PRODUCTS.

Despite increased slaughterings the tonnage of carcase meal and fat dropped due to less condemnations and the poor condition of the stock.

Increased prices were again obtained, but products of higher standard would have increased our income considerably. Unfortunately with the present state of the factory there is little hope of any improvement.

The replacement of some machines, however, as envisaged should speed up proceedings somewhat.

DISEASES ENCOUNTERED.

In Cattle the main cause of condemnation was again Measles (Cysticercosis) although the incidence was lower than during last year. This was probably due to the proportionately higher number of young stock received.

It is gladdening to note that farmers' organisations in some parts of the country are commencing with a campaign to eradicate the affliction. With the newer remedies they are treating labourers infested with tape worms while also attempting other sanitary measures.

Bruising during the year was found to be severe in many consignments of weak cattle transported over long distances by rail.

Horned cattle are still too much in evidence and are the cause of much bruising, gangrene and emphysema encountered during inspection.

Sporadic cases of Besnoitiosis (Elephant Hide Disease) were still encountered but most were in the early stages.

A disease which appears to be on the increase, is Sarcosporidiosis caused by a parasite about which not much is known. Although not harmful to Man, heavy infestation of beef with the cysts renders the meat inedible.

Many cattle livers are still condemned for infestation with liver fluke while in sheep this parasite is displaced by the tapeworm *Stilesia hepatica*. Fortunately none of the dangerous diseases e.g. Antrax, Rabies or Foot and Mouth were detected. Tuberculosis occurred only sporadically.

In *Sheep* the cause for highest condemnation was from transit toxaemia and these were slaughtered in an attempt to salvage the carcasses. The condition is brought on by stress from the long railway journeys to reach Pretoria as well as by cramped conditions in the pens.

Caseous Lymphadenitis still accounted for the second highest figure in condemnation. It still was encountered mainly in Merinos through infection of shearing wounds.

Pigs were condemned mainly for Measles and here the incidence was higher than during the previous year due mainly to the influx of large numbers of pigs sent in by Bantu.

Tuberculosis was also encountered mainly in pigs from Bantu, but fortunately most lesions were confined to the lymph glands of the head.

In *Poultry* the main diseases encountered were malignant growths and peritonitis.

COLD STORAGE FACILITIES.

These are still inadequate and are not to be extended under the new scheme for improvements to the abattoir.

Treatment of measly carcasses outside the confines of the abattoir will thus increase and necessitate more extensive control by our staff.

GENERAL.

Lectures were again given to the groups of Meat Inspector students. Groups of Medical and other students were shown round the abattoir.

Special examinations of certain carcasses on behalf of certain Government institutions are still undertaken while specimens are still collected for these institutions.

The consequences of the recommendations of the abovementioned Commission of Enquiry are still being studied by the Minister.

In all probability, however, Pretoria Municipality will withdraw from the abattoir business, but will retain health control of abattoirs with which the municipality is concerned.

The Commission recommends the controlling legislation of this aspect to go over to the Veterinary Division.

Whether they will alter the present arrangement with municipalities remains to be seen.

	Animals Slaughtered		
	1962	1963	1964
Bulls.....	1,324	1,633	1,916
Cows.....	20,252	33,083	33,144
Oxen.....	67,921	63,210	68,762
Total Beef.....	<u>89,497</u>	<u>97,926</u>	<u>103,822</u>
Calves.....	5,770	5,513	5,872
Sheep.....	221,760	217,686	240,104
Goats.....	675	614	1,401
Pigs.....	33,731	37,198	41,794
Total.....	<u>351,433</u>	<u>358,937</u>	<u>392,993</u>

INCREASE OF 41,560 ANIMALS SINCE 1962.

(FIVE YEARS) INCREASE OF 111,615 ANIMALS SINCE 1959

	Equines	
	1963	1964
Donkeys.....	92	226
Horses.....	807	1,063
Mules.....	18	10
	<u>917</u>	<u>1,299</u>

	Poultry	
	1963	1964
Fowls.....	21,406	48,797
Ducks.....	3,455	2,650
Pigeons.....	—	79
Turkeys.....	1,503	2,248
Geese.....	155	67
Chickens.....	765	829
Rabbits.....	44	49
	<u>27,328</u>	<u>54,719</u>

BEEF — MUTTON — PORK — VEAL CARCASSES AND ORGANS CONDEMNED

	Beef	Veal	Mutton & Goats	Pork
Carcases.....	2,052	809	303	1,658
Heads.....	1,152	—	—	89
Hearts.....	858	—	—	—
Intestines.....	1,387	—	160,088	1,399
Kidneys.....	2,220	—	—	—
Livers.....	15,922	—	95,124	2,200
Lungs.....	8,269	—	3,563	14
Plucks.....	1,981	—	18,954	1,366
Quarters.....	192	—	232	43
Spleens.....	1,386	—	—	—
Tails.....	781	—	—	—
Tongues.....	1,149	—	—	—
Tripes.....	1,393	—	36	—
Udders.....	10,575	—	—	—
Viscera.....	2,376	—	—	1

TOTAL CONDEMNATIONS

	1963	1964
Cattle.....	2.609%	1.976%
Sheep and Goats.....	0.105%	0.125%
Calves.....	22.148%	13.777%
Pigs.....	3.737%	3.967%

CYSTICERCOSIS (MEASLES)

1963			
	Total Affected	Total Condemned	Total treated in cold storage
Cattle.....	10,070 or 10.283%	1,916 or 1.957%	8,154 or 8.342%
Pigs.....	1,330 or 3.575%	1,225 or 3.293%	105 or 0.283%
1964			
Cattle.....	9,010 or 8.678%	1,587 or 1.528%	7,423 or 7.149%
Pigs.....	1,698 or 4.062%	1,521 or 3.639%	177 or 0.4235%

ORGANS OF CARCASSES INFECTED WITH CYSTICERCOSIS TREATED IN COLD STORAGE AT MUNICIPAL ABATTOIR

Hearts	Livers	Tails	Tongues	Heads
7,152	5,227	7,133	7,117	7,061

INCIDENCE OF TUBERCULOSIS

1963			
	Number affected	Number generalised	Number localised
Cattle.....	122 or 0.126%	19 or 0.019%	103 or 0.105%
Pigs.....	119 or 0.320%	46 or 0.124%	73 or 0.196%
1964			
Cattle.....	32 or 0.0308%	19 or 0.0183%	13 or 0.0125%
Pigs.....	132 or 0.315%	51 or 0.122%	81 or 0.193%

IMPORTED MEAT TREATED IN COLD STORAGE AT MUNICIPAL ABATTOIR

Beef Carcases	10
Hearts.	2
Tongues.	2
Tail.	1
Livers	2

IMPORTED MEAT TREATED IN COLD STORAGES OTHER THAN AT MUNICIPAL ABATTOIR (MEASLES)

Beef Carcases.	215	Pork Carcases	Nil
Hearts.	215		
Tongues	215		
Livers.	215		
Tails.	215		

TOTAL NUMBER OF MEASLY CARCASSES AND ORGANS TREATED IN COLD STORAGES OTHER THAN AT MUNICIPAL ABATTOIR

Beef Carcases.	3853	Pork Carcases	Nil
Tongues.	2408		

TOTAL NUMBER OF MEASLY CARCASSES TREATED IN COLD STORAGE AT MUNICIPAL ABATTOIR

Beef Carcases.	3529
Pork Carcases.	175

INSPECTIONS OF COLD STORAGES (MEASLY CARCASSES)

Inspections carried out:	576
Contraventions dealt with:	26
Intimations given:	23

TOTAL NUMBER OF BLOODSMEARS EXAMINED

Total number of dead animals in trucks and pens.....	241
Total number of dead animals received from outside for destruction.....	Nil
Total....	<u>241</u>

Number of Bloodsmears examined:	Cattle.....	29
	Sheep.....	186
	Goats.....	1
	Pigs.....	25
		<u>241</u>

EQUINES CONDEMNED

Nil

EQUINES SLAUGHTERED

<i>Donkeys</i>	<i>Mules</i>	<i>Horses</i>
226	10	1063

POULTRY CONDEMNED

<i>Fowls</i>	<i>Ducks</i>	<i>Turkeys</i>
173	5	3

DISEASES FOR WHICH POULTRY WERE CONDEMNED

	<i>Fowls</i>	<i>Ducks</i>	<i>Turkeys</i>
Peritonitis.....	4	2	—
Gangrene.....	5	—	—
Malignant Growths.....	33	—	3
Abscesses.....	1	—	—
Carcinoma.....	1	—	—
Emaciation and Pneumonia.....	2	—	—
Emaciation.....	3	—	—
New Growths.....	12	—	—
Defective Bleeding.....	14	—	—
Dead in pens.....	98	3	—
Total number condemned.....	173	5	3

BY-PRODUCTS SOLD FOR YEAR ENDED 31/12/1964

	<i>Tons</i>	<i>lbs.</i>
Carcase Meal.....	508	1,150
Blood Meal.....	396	675
Feathers.....	—	1,033
Pig Bristle.....	—	11,239
Fat.....	195	1,431½

DISEASES FOR WHICH CARCASSES ETC. WERE CONDEMNED

[illegible]

Chapter IX

HEALTH INSPECTORATE ACTIVITIES

As at the 31st December 1964, the establishment of the Health Inspectorate was made up as follows:

Chief Health Inspector.....	1
Asst. Chief Health Inspectors.....	2
Supervising Health Inspectors.....	6
Senior Health Inspectors and Health Inspectors (continuous grade).....	37
Learner Health Inspector.....	1
Non-European Health Inspectors.....	6
	53

In addition to the above there are:

Rodent and Mosquito Eradicators.....	5
Bantu Labourers.....	27
Total....	<u>85</u>

Of the above establishment one (1) Health Inspector from Silverton, one (1) from Pretoria North and five (5) from the Peri-Urban Areas Health Board were absorbed with the coming into being of Greater Pretoria on the 1st July 1964. Two Bantu Labourers were also absorbed from the Peri-Urban Areas Health Board.

The establishment of Greater Pretoria on the 1st July 1964, involved the incorporation into the Pretoria Municipal area of the towns of Pretoria North and Silverton as well as over fifty townships, groups of agricultural smallholdings and farms on the old Pretoria perimeter which formerly fell under the jurisdiction of the Peri-Urban Areas Health Board. This incorporation increased the area of the city from some 73 square miles to approximately 220 square miles and brought with it a number of problems relating to the environmental hygienic circumstances, particularly in regard to the keeping of animals, farming operations, the disposal of wastes especially on private premises in unsewered areas, certain unsatisfactory housing conditions and grossly insanitary conditions in the Non-European occupied areas of Eastwood and Highlands.

On the other hand a number of very fine residential areas in the eastern suburbs were incorporated, some of which are still in course of being developed. When these finally come under the city's sewerage scheme they will be fully up-to-date, and will have every modern amenity.

Much of the area incorporated is rural in character, the numerous plots varying in size from a few morgen in extent in the case of agricultural smallholdings to large farms, all in various stages of development. Many of owners keep animals and poultry of various types in lesser or greater numbers, either for domestic purposes only or for gain. A number of these agricultural areas abut on newly established residential townships, and this type of development is likely to continue for as long as new township are established. Because many of the smallholders lack financial resources, improvements generally will perforce be gradual. The Department's attitude will have to be one of patience whilst at the same time eliminating and preventing health nuisances. There will be much scope for the development of mutual understanding and health education, bearing in mind any rights which the property might enjoy.

No industrial area of any magnitude was incorporated. The comparatively small industrial area in Silverton is on the West bank of the Moreletta spruit which has for many years been extensively polluted by effluents from the tannery, the gelatine factory and from the Silverton night soil disposal depot. Immediately upon incorporation the City Council of Pretoria closed the night soil depot thus eliminating a serious nuisance. The disposal of wastes from the aforementioned factories, with particular reference to the tannery, has been receiving the attention of the City Engineers Department, the Health Department, the Council for Scientific and Industrial Research and the Factory Management for some time, and a scheme for the precipitation and evaporation of the effluents is under way.

The standard of environmental hygiene has remained satisfactory, despite extremely rapid expansions in the industrial, commercial, residential and educational fields in the city in recent years. The eliminating of slums has proceeded very satisfactorily and the occupation for living purposes of unsuitable outbuildings has been reduced to a minimum.

Strict attention has been paid to the hygienic handling, preparation and distribution of foodstuffs, and the hygienic condition of the premises and vehicles used in the food trade. Samples of all water supplies and various foodstuffs were taken regularly, and appropriate action taken when such were below standard.

Routine inspections of all types of premises were carried out during the year, including those for which various licences were applied. The standards required were generally high, and in many instances applicants sought assistance and advice in the planning stage of new ventures. This form of co-operation is on the increase, to the benefit of both the applicant and the Department. Proposed plans had often to be radically altered, mainly because our requirements, insofar as types of equipment and lay-out were concerned, could not otherwise have been met. Furthermore, unsightly rodentproofing was in this way easily eliminated.

During the year the city remained comparatively free of any large scale insect infestations. Occasional complaints were received about flies, mosquitoes or cockroaches. Immediate investigation and, where necessary, intensive surveys revealed the breeding sources.

The sewerage of the Hercules area proceeded apace and when completed many of the present day problems relating to soil pollution and waste water disposal will fall away. This will undoubtedly enhance the health of, and generally improve, the area.

Excellent progress has been made in rehousing Bantu from the Lady Selborne area and portions of Claremont, and in the demolition of the slum properties as they became vacant in these areas. The same cannot however, be said about the Asiatic Bazaar and Cape Location, which can only be described as overcrowded and congested slums. Some of the Indian and Coloured community have been rehoused in the Laudium and Eersterust Townships respectively, but this has had little effect on conditions in the Asiatic Bazaar and Cape Location. The inhabitants should be rehoused and the areas cleared and redeveloped as a matter of urgency from a health point of view.

The Bantu townships of Mamelodi and Mamelodi East have completely outgrown the pail service, and the few vacuum tank services which exist there. The sewerage of the whole of these townships has, however, been fully planned and work on the construction of the sewage disposal works has started.

SUMMARY OF INSPECTIONS BY THE HEALTH INSPECTORATE

The following is a summary of the inspections made by district health inspectors, slum and housing, infectious diseases, food, pest control and non-European areas sections during the year (figures for previous year in brackets):

Total inspections made (excluding dairy).....	122,421	(112,728)
Nuisances dealt with.....	35,298	(35,285)
Nuisances abated.....	34,214	(30,665)
Complaints dealt with.....	5,522	(3,583)
Licence applications dealt with.....	5,507	(5,245)
Samples of water taken (bacteriological and chemical).....	353	(420)
Samples of foodstuffs taken (not including milk)...	551	(629)
Visits of enquiry re infectious diseases.....	4,206	(3,319)

Matters referred to other Departments or Departmental Heads.

City Engineer.....	433
Chief Licence Officer.....	56
Non-European Affairs Department.....	325
Director of Parks and Recreation.....	52
Chief Traffic Officer.....	5
City Electrical Engineer.....	38
Chief Housing Manager.....	45
Chief Fire Master.....	3
Director of Townplanning and Architecture.....	24

PROSECUTIONS.

The following is an analysis of the prosecutions, and the results thereof, instituted by the Department during 1964:

<i>Nature of offence</i>	<i>Total No. of Prosecutions</i>	<i>No. found Guilty</i>	<i>No. not Guilty</i>	<i>With- drawn</i>	<i>Fines</i>
Bakery products not protected during delivery.....	10	9	—	1	R18-00
Failing to comply with a Notice.....	25	19	1	5	R66-00
Overcrowding of premises.....	2	2	—	—	Cautioned R30-00
Failing to maintain premises in good order (Slums).....	2	1	—	1	R10-00
Failing to provide proper builders latrines	26	21	—	5	R182-00
Exposing foodstuffs to contamination...	1	1	—	—	R10-00
Failing to supply information to a Health Inspector.....	2	1	1	—	Cautioned
Excess preservative in meat.....	2	2	—	—	R4-00
Added water to milk.....	19	18	1	—	R430-00
Occupation of outbuildings.....	1	1	—	—	Cautioned
Failing to inscribe name and address on bakery van.....	1	1	—	—	R4-00
Unsound meat kept on hotel premises.	1	1	—	—	R10-00
Rodent infestation.....	1	1	—	—	R4-00
Exposing unsound foodstuffs for sale..	1	1	—	—	R6-00
Totals.....	94	79	3	12	R774-00

PROSECUTIONS WITHDRAWN.

Evidence of receipt of notice could not be proved.	2
Notice was compiled with and the premises sold.	1
The accused had complied with the requirements before the summons was issued	1
The firm concerned had provided the necessary equipment for proper delivery of bread and the servant was duly charged and found guilty	1
Withdrawn by the Municipal Prosecutor because the accused denied the fact that he was the building contractor. A fresh summons was issued against a company.	1
Withdrawn because of the death of the Health Inspector.	1
It could not be proved that the accused were the persons who were entitled to the beneficial use of the land	3
Error in summons.	1
The accused produced evidence that he had made arrangements to have use of latrines nearby, thus abating the nuisance.	1

Licensed Premises.

The following is a list of premises and the number of each which were licensed during the year. The premises were all inspected at regular intervals and where necessary appropriate action was taken to remedy any unsatisfactory conditions:

	Europeans	Non-Europeans
Bakers and confectioners (Including Depots).....	30	3
Billiard Saloons.....	6	2
Bioscope Tearooms.....	3	—
Boarding and Lodging Houses.....	200	—
Brickburners.....	1	—
Butchers.....	158	50
Cobblers.....	54	20
Cycle Dealers.....	67	52
Dairies.....	99	18
Dry Cleaning Receiving Depots.....	79	18
Fellmongers.....	1	—
Fishfriers (Wholesale and Retail).....	5	—
Fishmongers.....	56	2
Fumigators & Disinfectors.....	3	—
Hairdressers.....	201	20
Hawkers and Pedlars.....	73	144
Hotels.....	30	—
Ice Cream Manufacturers.....	3	—
Ice Cream Vendors.....	275	22
Laundries & Dry Cleaners.....	54	6
Market Stalls.....	12	39
Milk Producers.....	460	2
Milk Shops.....	261	37
Millers.....	4	—
Mineral Water Dealers.....	171	33
Mineral Water Manufacturers.....	5	1
Native Eating Houses.....	6	35
Pawnbrokers.....	1	—
Poulters.....	44	—
Provision Dealers.....	459	254
Provision Factories.....	16	2
Public Halls & Places of Entertainment.....	23	—
Quarries.....	1	—
Restaurants and Tearooms.....	335	86
Second-hand Dealers.....	86	3
Tanneries.....	1	—
Theatres (including one Drive-in).....	13	4
Turkish Baths.....	1	—
Undertakers.....	5	3
Woodsawyers.....	4	—
Workshops.....	276	5

Building Plans.

The following is a summary of the plans examined during the year ended 31st December 1964:

First submission	Second submission	By architects	Location	Total
2552	473	6	361	3392

Early morning and evening inspections.

Apart from normal daily inspections at the various types of premises, the district health inspectors carried out early morning inspections at least once per month, and in addition, were out in the evening or at night as and when required, especially in regard to establishments where food was prepared or served.

It is part of the normal functions of inspectors in the food section in particular to carry out inspections of hotels, boarding establishments, restaurants and other catering establishments during lunch periods, early evenings and during the night.

The following table details the types of premises inspected and the number of "extra hour" inspections carried out during the year:

<i>Type of Inspections</i>	<i>Total No. of Inspections</i>	<i>Found Satisfactory</i>	<i>Not Satisfactory</i>
Butcher shops.....	618	470	148
Native Eating Houses.....	33	16	17
Restaurants.....	408	270	138
Food deliveries.....	381	329	52
Dairy Depots.....	157	127	30
Hotels.....	94	81	13
Cow stables.....	37	30	7
Miscellaneous.....	42	33	9
Fresh Produce Dealer.....	75	58	17
Bakeries.....	38	35	3
Lodging Houses.....	9	8	1
Ice Cream depots.....	17	14	3
	1,909	1,471	438
Food Section (various premises):			
Night inspections.....	145	140	5
Lunch hour inspections.....	274	224	50
Early morning inspections.....	52	48	4
Totals.....	2,380	1,883	497

The following table summarises the inspections carried out and the action taken by District Health Inspectors during the year ended 31st December 1964:

Nuisances dealt with.....	23,397
Notices served.....	3,400
Intimations given.....	19,997
Notices complied with.....	2,915
Nuisances abated.....	22,912
Nuisances re-inspected.....	10,138
Complaints dealt with.....	4,572
Cyanide Fumigators.....	88
Building Comp. slips.....	330
Licence applications.....	4,594
Stables.....	120
Butcher shops.....	6,778
Fishmongers.....	1,615
Bakehouses.....	617
Restaurants & Tearooms.....	8,929
Boarding & Lodging houses.....	891
Grocery & Provision Stores.....	5,604
Fruit and Vegetable Stores.....	5,480
Factories.....	1,079
Hairdressers Saloons.....	1,694
Dairy Depots & Milk stores.....	1,669
Miscellaneous inspections.....	3,958
Matters ref. to other Departs.....	914
House to house inspections.....	10,695
Night inspections.....	51
Early morning inspections.....	1,522
Total inspections.....	71,338

Pest Control by District Health Inspectors.

The following is a summary of the work performed by the district health inspectors in regard to rodent, fly and mosquito control during the year ended 31st December, 1964:

RODENTS.

1. Complaints investigated	484
2. Premises inspected and advice given.....	2,159
3. Notices and intimations to use traps or poison.....	948
4. Notices served requiring rodent proofing of premises.....	103
5. Notices served under 3 & 4 above, complied with.....	158
6. Existing buildings made rodentproof.....	277
7. New rodentproof buildings completed.....	279
8. Prosecutions for failure to comply with regulations.....	Nil
9. Accumulation of rubbish or lumber likely to harbour rodents cleaned up or removed.....	1,139
10. No. of rodents seen killed or reported killed.....	2,215
11. Ratproof animal food bins provided.....	96
12. Matters referred to Pest Control.....	13
13. Matters concerning rodent control referred to other departments.	23

MOSQUITOS.

1. Complaints investigated	145
2. Inspections made.....	889
3. Notices and intimations given.....	314
4. Notices served under (3) above complied with.....	62
5. Prosecutions for failure to comply with regulations.....	Nil
6. Breeding places eliminated.....	232
7. Advice given re mosquito control.....	409
8. Types of mosquitos found.....	Culex

FLIES.

1. Complaints investigated	170
2. Inspections made.....	874
3. Notices and intimations given.....	357
4. Notices served under (3) above complied with.....	59
5. Prosecutions for failure to comply with regulations.....	1
6. Breeding places eliminated.....	273
7. Advice given re fly control.....	472

FOOD SECTION

This section is responsible for ensuring the hygienic production, handling and distribution of foodstuffs throughout the city, including those areas recently incorporated into Greater Pretoria. Frequent visits and inspections of all types of premises engaged in the food trade were made.

Regular samples were taken for bacteriological examination of all public water supplies, both at their sources and at different points throughout the reticulation system. In addition, the water in the eight swimming baths and paddling pools was regularly submitted to bacteriological and chemical examination to check and ensure the efficient functioning of the purification plants.

The appended tables clearly indicate the types of food samples taken for bacterial and/or chemical analyses during the year. Samples of perishable foodstuffs form the bulk of those taken. When any sample of food was found to be below standard, the seller was either warned or prosecuted.

During the year a large quantity of foodstuffs, details of which are given hereunder were surrendered to the Department or were seized as unfit for human consumption and were condemned and destroyed. The excellent co-operation between the food vendors and the Department was maintained throughout the year. This co-operation has resulted in very few warnings to vendors for unsound foodstuffs found exposed for sale or stored on premises.

A Health Inspector was in daily attendance at the early morning market where large quantities of foodstuffs were seized and condemned as unfit for human consumption. The details of these quantities are furnished in the tables hereunder.

The policy of inspecting restaurants, hotels, boarding houses and other food establishments during meal hours whilst food was being prepared and served was continued. These inspections were carried out in the early morning, during the lunch hour and in the evening.

Special attention was given to the handling and preparation of foodstuffs, the washing of utensils, cutlery and crockery and the cleanliness of the personnel concerned.

The bacteriological sampling of water from private boreholes and wells, particularly in the newly incorporated area, which includes townships, was done where considered necessary, and whenever samples proved the water to be below standard, immediate steps were taken to improve the supply.

The new market started operating towards the end of the year and is most modern. Hygienic conditions there are excellent.

On the whole the preparation, handling and storage of foodstuffs is satisfactory, but constant vigilance is necessary to maintain acceptable standards.

A total of 103 hours was spent on special night, early morning and lunch hour inspections. The following is a detailed table of this work:

Contraventions.....	59
Notices served.....	6
Intimations given.....	53
Contraventions abated.....	59

Inspections carried out.

Re-inspections.....	6
Restaurants and tearooms.....	231
Licensed hotels.....	47
Private hotels and boarding houses.....	57
Confectioners.....	47
Bakeries.....	61
Butcheries.....	2
Food Factories.....	6
Food deliveries.....	14
Total No. of inspections.....	<u>471</u>

The following table is an analysis of the times of the day during which the inspections were carried out:

	Number	Satisfactory	Not satisfactory
Night inspections.....	145	140	5
Lunch hour.....	274	224	50
Early morning.....	52	48	4

A total of 279 consignments of foodstuffs (other than those seized on the morning market) was surrendered or seized and the following were condemned as unfit for human consumption and were destroyed:

Jam.....	2,040 lbs.
Meat.....	15,027 tins.
Fruit.....	
Vegetables.....	
Fish.....	
Milk.....	
Miscellaneous tin foods	1,683 jars and bottles.
Mayonnaise.....	
Pickles.....	
Sandwich spreads.....	
Extracts.....	
Meat.....	3,647 lbs.
Dried fruit.....	1,811 lbs.
Poultry.....	696 lbs.
Cheese.....	119 lbs.
Cereals.....	1,284 packets.
Fish (fresh).....	1,559 lbs.
Salt.....	4 lbs.
Yogurt.....	18 cartons.
Margarine.....	14 lbs.
Coffee.....	7 lbs.
Tea.....	12 lbs.
Butter.....	29 lbs.
Chips.....	2,561 packets.
Peanuts.....	2,193 packets.
Korvetts.....	17 packets.
Vegetables.....	663 lbs.
Mealie Meal.....	10 lbs.

Ten warnings and one prosecutions were issued in respect of infringements of statutes and regulations dealing with foodstuffs exposed for sale whilst unsound or unfit for human consumption.

The following food samples were taken for chemical and bacteriological analysis:—

CHEMICAL.

<i>Nature of article</i>	<i>No. of samples</i>	<i>No. satisfactory</i>	<i>No. not satisfactory</i>
Ice cream	183	155	28
Boerwors	51	45	6
Mince Meat	53	47	6
Cheese	26	26	—
Viena Sausages	55	50	5

BACTERIOLOGICAL.

	<i>No. of samples</i>	<i>No. satisfactory</i>	<i>No. not satisfactory</i>
Ice cream	183	173	10

In all 43 warnings were issued and 2 prosecutions instituted in connection with the samples which did not conform to the required standards.

MUNICIPAL WATER SUPPLIES.

	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Total</i>
1. Rietvlei Waterworks.			
(After filtration, before chlorination)	2	1	3
2. Witkoppies Bridge.			
(Feeder stream to Rietvlei Dam and is carefully watched) ..	—	10	10
3. Fountains.			
(a) Upper springs (before chlorination)	8	2	10
(b) Lower springs (before chlorination)	6	4	10
(c) Mixed water (after chlorination includes water from Fountains, Rietvlei and Grootfontein)	9	1	10
4. Taps in city			
In various parts of city	23	—	23
5. Other Municipal Supplies.			
(a) Mamelodi storage tanks	30	—	30
(b) Municipal baths	44	1	45
(c) Municipal paddling pools	15	—	15
(d) Rooiwal	29	1	30
(e) Municipal quarry (Bon Accord)	14	16	30
A pipeline has been laid to the Bon Accord quarry area, and recent results have been satisfactory.			
6. Newly incorporated areas.			
(a) Valhalla (boreholes)	12	—	12
(b) Erasmia (springs)	6	—	6
(c) Murrayfield (reservoir)	2	—	2
7. Rand Water Board.			
Taken from main supply line	11	—	11
8. On Private Premises.			
Boreholes	12	7	20
Springs	—	6	6

The owners of suspect boreholes, wells or springs have been forced to connect to the city supply unless adequately chlorinated

	Satis- factory	Unsatis- factory	Total
9. Sewage effluent pumped to Power Station Dam and Golf Course.			
(a) After filtration and chlorination at Sewage Works...	1	9	10
(b) After filtration and chlorination at Power Station Dam.....	—	10	10
The water is sewage effluent which is filtered and chlorinated and pumped to the Power Station for cooling purposes and Pretoria West Golf Course for irrigation. It is not used for swimming or domestic purposes.			

CHEMICAL

(a) Municipal swimming baths.....	46	—	46
(b) Municipal paddling pools.....	14	—	14

MUNICIPAL MARKET.

Daily inspections of all produce on the early morning market were carried out and the following quantities of foodstuffs were condemned and destroyed during the year:—

Fruit and Vegetables.

Boxes large.....	3,894	Plastic bags.....	209
Bundles large.....	54	Heaps.....	2
Crates.....	1,714	Sugarbags.....	2,462
Carton boxes.....	146	Trays.....	370
Pockets.....	13,586	Grain bags.....	14
Paper bags (punnets).....	213		

Dressed Poultry

No. examined.....	9,401
No. condemned.....	Nil

Game (Antelope).

No. examined.....	950
No. condemned.....	10
Percentage condemned.....	1,05%

Turkeys.

No. examined.....	6
No. condemned.....	Nil

Ducks.

No. examined.....	1
No. condemned.....	Nil

Pigeons.

No. examined.....	26
No. condemned.....	Nil

Guinea Fowls (game).

No. examined.....	369
No. condemned.....	3
Percentage condemned.....	.8%

The following table shows the number of inspections carried out by Inspectors of the Food Section:—

Contraventions dealt with.....	3,149
Contraventions abated.....	3,142
Notices served.....	136
Intimations given.....	3,013
Re-inspected.....	447
Complaints dealt with and advice given.....	197
Licence applications dealt with.....	155
Inspection of butcher shops.....	338
Inspection of fishmongers shops.....	138
Inspection of bakehouses.....	285
Inspection of confectioners shops.....	67
Inspection of restaurants and tearooms.....	2,337
Inspection of native eating houses.....	271
Inspection of fruit and vegetable shops.....	3,062
Inspection of milk shops and milk depots.....	22
Inspection of other food stores.....	1,546
Inspection of mineral water factories.....	153
Inspection of other food factories.....	690
Inspection of morning market.....	259
Miscellaneous inspections.....	343
Night inspections.....	145
Lunch hour inspections.....	274
Early morning inspections.....	54
Samples taken.....	986
Hotels and boarding houses.....	896
	<u>12,665</u>

PEST CONTROL SECTION:

MOSQUITO CONTROL MEASURES:

The anti-mosquito measures maintained during the year consisted of routine removal of vegetation from the edges of spruits, furrows and irrigation dams, drainage of swampy areas and regrading of spruits and irrigation furrows where necessary. The clearing of vegetation from streams and furrows was not done in the newly incorporated areas because the available labour force was insufficient.

Anti-larval spraying was carried out from January to the end of April and resumed in the beginning of September when spraying was also done in all the newly incorporated areas. Four-hundred-and-fifty gallons of larvicide concentrate were used. Mosquito breeding was found to be more evident in the newly incorporated areas. However, intensive anti-larval spraying measures kept breeding under control. Four-hundred-and-twenty-eight excavations which were actual or potential breeding places were filled and levelled and 167 swampy areas were drained.

The market gardeners, National Match factory, Les Marais Irrigation Board and the University Experimental farm afforded their full co-operation and there was no reluctance on their part to pay the required amount for the services rendered. Anti-mosquito measures were effectively carried out on all these premises.

Complaints (241) in regard to the prevalence of mosquitoes were somewhat more than the previous year (107). This was mainly due to the greater area now being controlled. In no instance was it necessary to institute legal proceedings against persons for non-compliance with verbal or written warnings, as we enjoyed full co-operation in this respect.

One-thousand-and-seventy-six inspections of spruits, dams and irrigation furrows were carried out, and a constant check on the anti-larval spraying was maintained during the year.

RODENT CONTROL:

Routine anti-rodent control measures were maintained in all municipal buildings, rubbish dumps, parks, nurseries, workshops, townlands, sewage disposal works (central as well as Rooiwal), Rietvlei Waterworks, Bantu areas and other sundry premises. One-thousand-three-hundred-and-seventy-seven inspections were carried out on municipal premises during the year. Ten-thousand-three-hundred-and-eighty-eight baits were set of which 5,555 were taken. A total of 1,030 rodents is known to have been killed on municipal premises. Many more were probably destroyed but for various reasons their carcasses were not recovered.

Six-hundred-and-eighty-one complaints were received during the year which is slightly higher than the number for the previous year. This is due to the greater area now under control. All the complaints were investigated and 964 verbal or written notices requiring anti-rodent measures to be taken, were issued. In no instance was it necessary to institute legal proceedings for failure to carry out anti-rodent measures when so requested by the Department.

One-hundred-and-three notices requiring rodentproofing of buildings were served. In all instances the notices were complied with. One-thousand-nine-hundred-and-sixty-nine accumulations of rubbish and lumber which were actual or potential breeding places were satisfactorily disposed of.

Fifty-four applications for "rodent-free" certificates in respect of premises to be demolished were received and after investigation of the premises, the required certificates were issued.

FLYBREEDING:

Inspections of all municipal parks, nurseries, sewage works and compost pits were carried out regularly and effective control measures were maintained. One-hundred-and-seventy complaints were investigated, resulting in 874 inspections being made to establish breeding places. Two-hundred-and-seventy-three breeding places were eliminated. Fifty-nine notices were served and in only one instance was it necessary to institute legal proceedings against a person who failed to eliminate flybreeding on his premises after having received due warning to do so.

COCKROACH CONTROL:

Cockroach control measures were carried out on all municipal premises where found necessary. In all, seven premises were sprayed and they remained free of infestation for many months. All complaints on private premises were investigated and the necessary advice given.

BILHARZIA:

Surveys were made of all the spruits, irrigation furrows and bird sanctuaries within the municipal area. Snails were collected and submitted to the South African Institute for Medical Research for examination and identification. None of the snails submitted was infested with the bilharzia parasite. Snail vectors were found in the Moreletta spruit but on investigation were found to be free of the bilharzia parasite.

BUGS:

All municipal compounds, native hostels and non-European creches were inspected regularly and eight premises were treated during the year.

GENERAL:

Complaints were received in respect of ants, fish moths, carpet beetles, paper mites, fleas, scorpions, crickets, wasps, bats etc. in private premises. All the complaints were investigated and the necessary advice given regarding methods of eradication.

MOSQUITO CONTROL:

	Total for year
Contraventions dealt with.....	26
Contraventions abated.....	14
Notices served.....	—
Intimations given.....	14
Premises re-inspected.....	13
Complaints dealt with and advice given.....	96
Check up of dams cleared of weeds.....	1,076
Check up of dams sprayed.....	526
Check up on irrigation furrows cleared.....	919
Check up on irrigation furrows sprayed.....	507
Check up on drainage of swampy areas.....	167
Check up on spraying of swampy areas.....	126
Holes and depressions filled in.....	428
Houses sprayed for mosquito control.....	1
Special investigations carried out for identification of mosquitos	—
Inspections carried out in connection with malaria notification..	—
Miscellaneous Inspections.....	484
Insecticidal Spraying.....	62
Early morning inspections.....	—
TOTAL INSPECTIONS FOR YEAR.....	<u>4,459</u>
NUMBER OF PROSECUTIONS.....	—

RODENT ERADICATION:

Contraventions dealt with.....	19
Contraventions abated.....	13
Intimations given.....	16
Premises re-inspected.....	—
Complaints dealt with and advice given.....	197
New impervious floors laid in grain, flour, forage and other stores.....	—
Floors repaired or walls or roofs made rodentproof in flour, grain or forage stores.....	—
Non-rodentproof grain, forage or other stores demolished.....	—
Accumulations of rubbish or lumber likely to harbour rats cleaned up and removed.....	830
Miscellaneous inspections.....	1,185
Municipal inspections.....	1,377
Rodent clearance inspections.....	54
TOTAL INSPECTIONS FOR THE YEAR.....	<u>3,691</u>
Poison baits set on Townlands.....	10,380
Number of baits taken.....	5,555
Ratholes on Townlands, etc. gassed.....	—
Premises in town gassed.....	—
Number of rodents destroyed on Municipal premises.....	1,030

SLUM CLEARANCE:

Due to the continued expansion of the city's industrial and business areas, several major and minor slums were demolished to make way for new modern blocks of buildings.

During the year under review, 64 major slum dwellings were demolished in the European areas. The majority of these were occupied by poorer families and it is regrettable that we are still not in a position to assist all the displaced families in the lower income groups with suitable housing, especially those with large families.

The number of known major slum dwellings at the end of the year amounted to 97 of which 24 were vacant.

During the year 59 properties were offered to the Council to make land available for proposed road and other schemes which the Council intends to develop. These properties were all inspected by the Slums Section and reports on their structural condition submitted to the Clerk of the Council. Some of these properties had at one stage or another been receiving the attention of this Department under the provisions of the Slums Act and the Slums Regulations. All major slum properties so acquired are being demolished as soon as the buildings become vacant.

Although there has been some decrease in the number of major slum properties, there remains a number of minor slum dwellings, particularly in the Central and Hercules areas.

These minor slum conditions arise from overcrowding, inadequate cooking, washing and ablution facilities, and improper segregation of sexes and can be mainly ascribed to the present shortage of housing accommodation for the middle and lower income groups.

It is extremely difficult to assist people living under the aforementioned unsatisfactory conditions, and although the provisions of the Slums Regulations can be very easily applied to such properties, similar or worse conditions would invariably be created elsewhere by the same families, unless they are properly rehoused.

The occupation of outbuildings and other undesirable quarters in private backyards seems to be on the increase and this practice is still causing concern. Reasons for this practice appear to be due to the continued influx of people from adjoining territories, immigrants from overseas and the continual expansion of the city's industrial and business areas. The figures reflecting the number of outbuildings and other undesirable quarters so occupied show a definite increase over those of previous years. At the beginning of the year there were 18 known occupied outbuildings. During the year 35 were vacated and at the end of the year the number of known occupied outbuildings had increased to 53.

A large number of notices were served on owners and occupiers for contraventions of the Slums Act and Municipal Slums Regulations. Most of the notices were complied with promptly, and drastic action was resorted to only in exceptional instances. A number of the existing major slum dwellings are owner-occupied and very few are financially in a position to improve their properties or to build new houses.

Distribution of major slum dwellings and occupied outbuildings in European Areas:

The following table indicates the distribution of know major slum dwellings and unsatisfactory outbuildings as at the end of the year under review (figures for previous year in brackets):—

Areas	Known existing slum dwellings at 31.12.64		Known occupied outbuildings at 31.12.64		Increase or decrease on previous year	
					Slums	Outbuildings
Innesdale area.....	10	(16)	8	(7)	—6	+1
Western areas (West of Steenhoven Spruit).....	6	(5)	8	(2)	+1	+6
Eastern areas (East of Apies River)	9	(5)	3	(—)	+4	+3
Central areas.....	20	(25)	3	(2)	—5	+1
Hercules area.....	20	(19)	22	(7)	+1	+15

Recently incorporated areas:

Silverton.....	1			
Pretoria North.....	7		8	
East Lynne.....	—		1	
TOTAL.....	73	(70)	53	(18)

It must, however, be placed on record that the number of major slum dwellings and occupied outbuildings in the recently incorporated areas is estimated to exceed the totals reflected in the abovementioned table. Due to extensive pressure of work and insufficient staff this section was not in a position to carry out a detailed slum survey of these areas. It has, however, been placed on the programme for attention early in the new year.

Slum clearance in non-European areas:

Another successful year was experienced in regard to the elimination of slum dwelling houses and other unsatisfactory types of accommodation in all the non-European residential areas which have, in terms of the Group Areas Act, been proclaimed as White areas. They include the townships of Lady Selborne, Claremont, Highlands and Eastwood. Sanitary and health conditions in these areas are most unsatisfactory. During the year the Council resolved to expedite matters in regard to the removal of the inhabitants in the Lady Selborne and Claremont areas, and the intention is to commence with a block by block system of acquiring properties and thereafter to rehouse the inhabitants and to demolish the buildings.

Court Proceedings:

As in previous years, and in accordance with the general policy of the Department, we continued to seek the co-operation of the public rather than resort to court proceedings. No slum court proceedings under the Slums Act were instituted. One application was, however, made to the Slum Clearance Court for a rescission of a declaration made in terms of section 4 of the Act on the 31st March 1941. The requirements as laid down at the time when the premises were declared slum, have since been complied with and the application was granted. It was, however, necessary to institute court proceedings under the Municipal Slums Regulations in the following instances:—

Nature of contravention.	No. of charges	
Failure to maintain premises structurally.....	3	(1 withdrawn).
Permitting occupation of outbuildings.....	2	(1 case pending).
Permitting premises to be overcrowded.....	2	
TOTAL.....	7	

Demolitions and conversions of residential premises:

A large number of applications for permission to demolish dwellings or to convert residential premises into business use, were again dealt with in terms of the Housing Act No. 10 of 1957.

The following figures indicate the number of applications for the reasons stated:—

For building flats, offices, business premises or houses.....	136
For extension to schools, hostels, churches etc.....	6
Resulting from action instituted by this Department.....	68
Conversion into business premises.....	28
TOTAL.....	238

During the year 23 business premises were demolished. Although demolition permits are not required for these buildings, it was insisted on that certificates certifying that such buildings were free from rodents and vermin were obtained, before demolition was commenced. Similar certificates were issued in respect of all other demolitions and conversions.

Details of applications for demolitions and conversions are reflected in the following tables:—

Applications referred to the Department of Community Development:

	<i>No. of dwellings (5 or less living- rooms each)</i>	<i>No. of living- rooms involved</i>	<i>Permits approved</i>	<i>Permits refused</i>	<i>Permits pending</i>
Demolitions.....	157	628	140	—	17
Conversions.....	18	57	18	—	—
TOTAL.....	175	685	158	—	17

APPLICATIONS FOR CONSIDERATION BY THE CITY COUNCIL:

	<i>No. of dwellings (more than 5 living rooms)</i>	<i>No. of living- rooms involved</i>	<i>Authority granted</i>	<i>Authority refused</i>	<i>Authority pending</i>
Demolitions.....	53	568	41	—	12
Conversions.....	10	90	7	—	3
TOTAL.....	63	658	48	—	15

The figures tabled above are in respect of applications received in European areas and the Asiatic Bazaar only.

Properties acquired by the City Council in the existing non-European areas which have been proclaimed White areas are being demolished in terms of the provisions of the Group Areas Development Act No. 69 of 1955, as amended, and under authority granted by the Minister of Interior.

During the year $\pm$ 200 houses have been demolished in the areas Lady Selborne and Claremont. The number of houses already demolished in these areas is as follows:—

Lady Selborne/Claremont: 618; Eastwood: 72; Eersterust: 256; Highlands: 61.

STATISTICS DEALING WITH SLUMS PREVENTION AND CLEARANCE WORK:

The following are details of slum clearance work undertaken during the year under review:—

<i>Type of inspection</i>	<i>No. of premises</i>
Hotels and lodging houses.....	26
Private dwelling houses.....	2,398
Outbuildings.....	382
Premises inspected before and after demolition permits had been granted.....	499
Premises inspected before and after conversion permits had been granted.....	48
Dwellings in area surveys.....	2,067
Complaints investigated.....	427
Re-inspection of premises.....	1,511
Creches and Nursery Schools.....	146
Old Age Homes.....	22
Miscellaneous inspections.....	278
Inspections after hours.....	4
	9,035

Details of action taken following inspections and investigations enumerated above, are as follows:—

Notices served:

Prohibiting occupation.....	100
Overcrowding.....	168
Structural repairs and renovations.....	189
Bathing, wash-up and cooking facilities.....	102
TOTAL.....	<u>559</u>

Verbal warnings and advice given.....	1,878
Letters sent (reminders, extensions, details of work required etc.)	221
Matters referred to other departments.....	63
Interviews with members of the public.....	1,164
TOTAL.....	<u>3,326</u>

Total number of contraventions dealt with.....	2,437
Total number of notices and intimations complied with.....	2,112

NURSERY SCHOOLS, CRECHES AND OLD AGE HOMES:

There is still a serious shortage of institutions of this nature with the result that a number of enquiries and applications were considered during the year. Most applications submitted were in respect of private dwelling houses which the applicants intended to convert and adapt for use as old age homes or creches. Great care was exercised not to allow private dwellings which did not comply with the standards to be used for such purposes.

The very nature of these buildings gives rise to numerous difficulties in complying with standards laid down for such institutions, and some applicants on being advised of the standards required decided not to proceed with their projects.

Only 9 of the 19 institutions known to be providing accommodation for the aged in Pretoria were built for the purpose, the remainder being ordinary dwellings which have been converted and adapted for such use.

Because of the lack of alternative accommodation it is not possible to insist on immediate and full compliance with requirements. Steps are, however, being taken to ensure that the basic sanitary amenities are immediately provided and thereafter maintained.

During the latter half of the year it was possible to give closer attention to the inspection of nursery schools and creches with particular regard to the construction and sanitation aspects.

As will be seen from the appended table, very few premises were found to comply fully with normal standards for institutions of this nature.

The co-operation received from all concerned in raising the existing standards has been most heartening, particularly when account is taken of the fact that most of these institutions are run on a non-profit making basis and much time and energy must be given to raising funds for effecting improvement to the premises.

Details of nursery schools and creches:

	Total	Satisfactory	Requirements Outstanding	Not yet opened	Closed down
Nursery schools.....	21	3	18	—	—
Creches (babies only).....	3	—	2	—	1
Creches (babies and 2-6 yr. age group).....	5	—	4	—	1
Creches (2-6 yr. age group).....	5	—	3	1	1
Creches (2-6 yr. age group and school-going children).....	4	—	4	—	—
After school centres.....	2	—	1	1	—
	<u>40</u>	<u>3</u>	<u>32</u>	<u>2</u>	<u>3</u>

Approximate number of babies cared for.....	154
Number of children in 2-6 year age group cared for.....	1,619
Number of children cared for after school.....	165

NON-EUROPEAN AREAS.

Staff.

The personnel of this section comprises:—

1 Supervising Health Inspector.

2 Health Inspectors.

2 Non-White Health Inspectors.

(Four vacancies for Non-White Health Inspectors).

It is most unlikely that any qualified Bantu Health Inspectors are available for appointment who are resident in the Pretoria area.

After repeated representations the Department of Bantu Administration and Development consented to the appointment of two Bantu Health Inspectors from other areas.

It will be necessary in the near future to appoint an Indian Health Inspector to do work in the rapidly developing Indian Township of Laudium. In addition, he will do intensive health work in the Asiatic Bazaar.

One of the two Bantu Health Inspectors is working in Mamelodi and the other in the Atteridgeville/Saulsville Bantu Townships. They are accommodated in the Administration buildings of the Chief Superintendents. The two European Health Inspectors are in charge of the eastern and western Bantu townships respectively. All these officials are under the direct control of the Supervising Health Inspector who exercises the overall supervision of the work in the Non-White townships within the Municipal area.

BANTU TOWNSHIPS.

1. Lady Selborne and Claremont (Erven 1-36).

These adjacent townships have been declared a white area and the inhabitants are being moved to other newly established Bantu townships. Pursuant to its policy to clear the area of all slums the Council has purchased 742 premises and of these 618 have been demolished.

The remaining premises will be purchased and demolished by the Council in the near future. The rehousing of the inhabitants has been hampered due to the shortage of houses in the newer Bantu townships where extensive building operations are in progress and it is anticipated that the inhabitants of Lady Selborne and Claremont will be rehoused within two years.

Regular inspections of all the business premises have been carried out during the year and the necessary action taken where nuisances existed.

2. Atteridgeville/Saulsville.

No new houses were erected during the year and there are still 238 vacant building sites in this area. The intention is to reserve these sites solely for the natural increase of residents. Many house owners have extended and redesigned their houses.

All roads with the exception of a few branch roads are tarred and the whole area is sewered. Stormwater drains have been provided and the Council carries out a bi-weekly refuse removal service.

The standard of living and sense of cleanliness of the inhabitants appears to be better than that found in the other Bantu townships. Due to excellent co-operation it was not necessary to prosecute any of the licencees or inhabitants for contraventions of health legislation.

The cinema hall has been completed but not yet allocated.

A new creche is in course of erection and it will be completed during 1965.

No. of houses 1963.....	9,801
No. of houses 1964.....	9,801
Housing increase during 1964.....	Nil

3. Laudium.

This Indian township, situated on the south western perimeter of Pretoria, is developing rapidly and the 430 houses erected by the City Council are all occupied. In addition, 36 houses of a high standard have been privately erected. All the streets are tarred and street lights provided. The whole area is sewered. A new post office next to the modern business centre was erected and is in use. The two clothing factories are in full production and extensions to one factory were made during the year

No. of houses 1963.....	333
No. of houses 1964.....	466
Housing increase.....	133

4. Asiatic Bazaar and Cape Location.

These old non-European townships, occupied by Indian and Coloureds respectively remain very congested and houses and rooms most defective, overcrowded and without adequate sanitary and ablution facilities.

Houses are in the course of erection at Laudium and Eersterust for the rehousing of inhabitants of these townships and it is anticipated that these unsatisfactory conditions will be eliminated in the not too distant future.

5. Eersterust.

This is a township for Coloured people only and situated near Mamelodi Bantu township. Only one new house was erected but 50 new houses were in course of erection at the end of the year. One hundred and fifty-three of the old houses still exist, all of which are of a poor standard. These, together with the old unsatisfactory business premises will be demolished as soon as they can be replaced.

Erected by City Council

No. of houses 1963.....	199
No. of houses 1964.....	200
Housing increase during 1964.....	1

These are in addition to the 153 old existing houses.

6. Mamelodi.

Speedy progress in the construction of a large number of additional houses was evident towards the close of the year. When completed these houses should materially assist in the removal of a large number of slum dwellings from the Lady Selborne and Eastwood areas, both of which are being cleared of the slum properties in the implementation of the Council's policy of clearing them as they have been declared White areas under the Group Areas Act. Prior to the 1st July 1964, Mamelodi was situated outside the Pretoria Municipal Boundaries. It was in fact then the area of jurisdiction of the Peri-Urban Areas Health Board. Mamelodi came into the Pretoria Municipal area with the coming into being of Greater Pretoria as from the 1st July 1964. Prior to this date the sanitary and rubbish removal services were carried out under contract with the City Council of Pretoria by the Municipality of Silverton. However, on incorporation, the Council's Non-European Affairs Department assumed responsibility for the carrying out of these services. This resulted in an immediate improvement in the services generally.

Plans have already been drawn up for the sewerage of the whole area and it is expected that the laying of sewers will commence in the near future. The construction of the sewage disposal works for this scheme has already started.

There are a number of shopping centres well distributed throughout the area. These centres cater for all the needs of the inhabitants and the shops are well maintained. They are subjected to regular inspections and it is seldom necessary to take drastic steps to ensure that the public health requirements are maintained at the proper standards.

No. of houses 1963.....	9,275
No. of houses 1964.....	9,839
Housing increase.....	564

7. Eastwood.

This area was incorporated with the coming into being of Greater Pretoria on the 1st July 1964. There are a large number of totally defective major slum shacks in this area, occupied almost entirely by bantu. No sanitary or rubbish removal services are carried out. There is no reticulated water supply, the water available is purchased by inhabitants from hawkers selling water in small quantities at high prices. This water is drawn from boreholes situated in the area. The whole area is totally insanitary. The sooner the inhabitants are housed elsewhere and the site cleared of all slums, rubbish and undesirable features, the better. The area is densely populated although we have no actual population figures.

8. Highlands and Newlands.

These areas were incorporated with the coming into being of Greater Pretoria on the 1st July 1964. The areas are occupied mainly by Coloureds although there are a few Bantu and Indians. There are a few structures in reasonably sound condition but the remainder are totally unfit for human habitation. The Council has already acquired a large proportion of the properties in this area and has demolished the slum structures as they were vacated. The Council is continuing to buy up properties in this area with a view to its redevelopment. Sanitary conditions were and are extremely bad. There is no sanitary or rubbish removal services in this area. There is no reticulated water supply and water is obtained only from hawkers at a high price. This water is drawn from boreholes situated in the area. The general sanitary conditions are so bad that the sooner the inhabitants are housed elsewhere and the site cleared of all the defective structures, rubbish and other insanitary features, the better. It must be emphasised however, that since this area was declared White under the Group Areas Act, the Council has considerably reduced the insanitary conditions which existed.

STATISTICAL RETURNS FOR ALL NON-WHITE AREAS.

A. Summary of Inspections made during the year in Non-White areas.

Nuisances dealt with.....	6,270
Notices complied with.....	581
Intimations complied with.....	5,440
Notices served.....	830
Intimations given.....	5,440
Re-inspections notices.....	1,730
Re-inspections intimations.....	1,870
Complaints investigated.....	33
Licence applications.....	758
Premises where animals/poultry are kept.....	180
Butcher shops.....	1,978
Fishmongers and Poulterers.....	61
Bakehouses and confectioners.....	20
General Dealers (Food).....	2,063
General Dealers (No food).....	911
Restaurants, Tearooms & Eating Houses.....	1,662
Fresh Produce Dealers.....	536
Milk Depots and Milk Shops.....	152
Hawkers' Storerooms.....	429
Fresh Produce and Ice-cream carts.....	206
Delivery vehicles (meat, milk, fish, bread).....	737
Bioscopes and Public Halls.....	61
House inspections.....	1,215
Hairdressers.....	295
Wash-houses and Laundries.....	32
Factories and Workshops.....	87
Ceremonial Slaughtering.....	1
Occupied Outbuildings.....	49
Visits after hours.....	130
Other Visits.....	991
Builders Latrines.....	82

Matters referred to other Departments.

Choked Drains/Defective water fittings.....	35
Unauthorised Structures.....	227
Structural defects to buildings.....	92
Other matters.....	404

Total..... 17,027

Note. — These figures are not incorporated in those relevant to the White areas.

B. PEST CONTROL.

The following is a summary of the work done in regard to pest control in the non-White areas:

Rodents.

1. Complaints investigated.....	24
2. Premises inspected and advice given.....	804
3. Notices and intimations to use traps or poison.....	516
4. Notices served requiring rodent proofing of premises.....	36
5. Notices served under 3 & 4 above, complied with.....	60
6. Existing buildings made rodentproof.....	48
7. New rodentproof buildings completed.....	204
8. Accumulation of rubbish or lumber likely to harbour rodents cleaned up or removed.....	276
9. No. of rodents seen killed or reported killed.....	1,620

Mosquitos.

1. Complaints investigated.....	11
2. Inspections made.....	12
3. Notices and intimations given.....	3
4. Breeding places eliminated.....	3
5. Advice given re mosquito control.....	12
6. Types of mosautos found.....	Culex

Flies.

1. Complaints investigated.....	4
2. Inspections made.....	300
3. Intimations given.....	156
4. Notices served and complied with.....	4
5. Breeding places eliminated.....	120
6. Advice given re fly control.....	180

GENERAL INFORMATION NEW TOWNSHIPS ONLY.

	Mamelodi	Eersterust	Atteridgeville/ Saulsville	Laudium
Population: 1.				
2. Hostel.....	See Chapter on vital statistics			
Dwellings houses:				
(a) Occupied.....	9,839	353	9,801	466
(b) Vacant.....	—	—	—	—
(c) Under construction.....	571	50	—	70
Places of worship.....	31	1	26	—
Schools.....	19	1	20	1
Beerhalls.....	4	—	3	—
Beerhall depots/bottle stores.....	2	—	4	—
Bottle stores (liquor).....	3	—	1	—
Community centres, halls.....	1	1	1	1
Garages.....	1	1	1	—
Creches.....	3	—	3 and 1 under construction	—
Hostels.....	1	—	1	—
Administratives blocks.....	2	1	1	1
Old Age Homes.....	1	—	1	—
Bioscopes.....	1	—	1	—
Factories.....	—	—	1	2
Post Offices.....	2	1	1	1
Police Stations.....	1	—	1	—

C. BUILDING PLANS.

Three hundred and sixty one plans for alterations, additions and new buildings in the non-European areas were examined during the year.

D. LICENSED PREMISES.

	Mame- lodi	Asiatic Bazaar	Eerste- rust	Lady Selborne	Clare- mont	Atteridge- ville/ Saulsville	Lau- dium
Billiard saloons.....	—	2	—	—	—	—	—
Butchers.....	10	1	3	15	4	8	1
Coal agencies.....	5	—	—	—	—	6	—
Cobblers.....	—	—	—	5	3	2	—
Cycle dealers.....	3	16	1	3	2	3	—
Fresh Produce dealers.....	4	—	1	7	8	4	—
General dealers (excluding provisions).....	14	52	—	—	1	1	—
Hairdressers.....	6	10	—	3	1	2	—
Hawkers, Pedlars.....	5	121	2	29	8	5	8
Dry cleaning factories and laundries.....	—	7	—	—	—	1	3
Milk depots.....	8	2	—	2	—	5	1
Mineral water dealers.....	—	10	—	—	—	5	—
Native eating houses.....	—	2	3	23	—	1	—
Provision dealers.....	15	62	5	42	10	21	1
Theatres.....	1	3	—	—	—	—	—
Tailors/Dressmakers.....	2	5	—	—	—	3	—
Undertakers.....	2	—	—	1	—	1	—
Workshops motor spares.....	3	6	1	—	1	1	—
Restaurants and tearooms.....	14	38	5	2	10	11	1
Herbalists.....	3	1	—	—	—	—	—
Second-hand dealers.....	—	1	—	—	—	—	—
Ice-cream depots.....	—	—	—	—	—	1	—

PROSECUTIONS.

Nature of offence	Total Number of Prose- cutions	Number guilty	Number found not guilty	Number Withdrawn	Number Cautioned and discharged	Fines Imposed
Bread not protected during delivery.....	12	10	—	2	—	R22.00
Failing to comply with notices served.....	8	7	—	1	4	R17.00
Failed to give information upon request.....	2	2	—	—	2	—
No name on food delivery vehicle.....	1	1	—	—	—	R4.00

CONTRIBUTION BY THE MANAGER, NON-EUROPEAN AFFAIRS DEPARTMENT
NON-EUROPEAN HOUSING

1. Atteridgeville.

475 Morgen in extent and regarded as one of the best Bantu Locations in the Republic. Atteridgeville was established in 1939; R819,724 was spent on the erection of 1,532 dwellings and R494,178 on the development of the areas and services.

There are, two, three, four and five-roomed houses which, under the new policy, have either been sold or let to the occupiers on an economic basis.

Apart from such services as water borne sewerage and rubbish removal there is an excellent clinic conducted by qualified doctors and trained nurses.

The residents have excellent sports facilities, most games being catered for.

2. Lady Selborne.

This is a freehold Bantu Township which the Council has incorporated with the former Hercules Municipality. The area was originally laid out in 1903 or 1905 and consisted of 1,738 erven. As a result of the development and expansion of Pretoria these erven have been sub-divided to such an extent that there are now 1,495 land owners with a population of about 35,000.

Lady Selborne has been declared as a European area by the Group Areas Board. Over 3,000 families have been transferred to the Atteridgeville and Mamelodi Locations. 742 Properties have been purchased to date by the Council and all properties not offered for sale to the Council will be expropriated during this year and it is anticipated that all residents will be resettled by the end of 1966.

This area is unsewered and seriously overcrowded. There are a number of well constructed dwellings interspersed among a large number of quite unsatisfactory wood and iron structures.

There is a recreation hall, Clinic and Crèche in the area besides a modern maternity home run by the Roman Catholic Church.

NEW SCHEMES:

3. Mamelodi.

9,820 Four-roomed houses have been completed in the Mamelodi (Vlakfontein) West and East areas to date.

In addition the following buildings were erected: 18 Schools, 83 Shops, Community Centre, Beerhall, Post Office, Administration Block, 4 Crèches, Clinic, Doctor's Consulting Room, Carpenter's Shop, a maternity home and a Police Station.

Sports grounds have been laid out and a pavilion constructed.

Twenty morgen of land has been set aside for a Provincial General Hospital.

The area is developing steadily, priority being given to the supply of electricity, road construction and stormwater drainage.

Population 65,804.

4. Atteridgeville/Saulsville.

8,244 Four-roomed houses have been completed in the Atteridgeville/Saulsville area to date.

In addition to a Library, police station, post office, Administrative Block, 4 crèches, a Recreation Hall, a Clinic, a Funeral Parlour and a modern Dry Cleaning Works there are 20 schools and 8 shops.

The area is developing according to plan with emphasis on sewerage reticulation, electricity and water services, road, construction and stormwater drainage.

5. Single Quarters (Hostel):

(a) Saulsville:

399 Hostel units for the accommodation of 6,400 persons have been constructed and electricity is provided. The area is sewered. Each unit has communal hot water showers and kitchen equipped with electric hot-plates for cooking facilities. The monthly rental is R2.00. Approximately 6,400 single Bantu are accommodated at present.

(b) Mamelodi:

Two hostel units for the accommodation of 1,824 persons have been completed. A further 6 units are to be constructed.

6. General.

The electrified rail service to the Atteridgeville/Saulsville and Mamelodi areas is operating satisfactorily.

7. Laudium.

Laudium is the new area for Asiatics. 430 Houses have been constructed by the Council and 36 by private owners. All essential services are being provided.

In addition Administration Offices, a Clinic and 4 shops were erected.

A further 100 Sub-economic houses are to be constructed.

8. Coloured Area.

In terms of the Group Areas Act a portion of the farm Derdepoort 469 and a portion of the existing Townships Eersterust and Despatch comprising approximately 800 morgen have been proclaimed as an area for occupation by members of the Coloured Group.

250 Houses have been constructed and all essential services are being provided.

A number of families are being temporarily housed in properties taken over by the Council, a Community Hall has been provided and a cemetery is being laid out.

Administration offices and a clinic have been completed, and a block of shops and a further 24 Sub-economic houses, will be erected during this year.

Chapter X

HOUSING AND REHABILITATION FOR EUROPEANS

1. GENERAL HOUSING SITUATION:

At the end of 1964, the City Council of Pretoria owned the following housing schemes:—

A. Danville:

Scheme	Number of houses	Monthly rental/ instalment	
		Lowest	Highest
(a) Sub-economic.....	200	R1.60	R19.45
(b) Ultra low-cost economic.....	200	R29.85	R31.27
(c) Converted economic.....	300	R20.00	R22.00
(d) Low-cost economic.....	100	R19.00	R35.00
(e) Economic.....	100	R21.64	R40.94
(f) Economic (double-storeys).....	50	R37.15	R39.90

B. Proclamation Hill:

(a) Sub-economic.....	96	R4.50	R5.95
(b) Converted economic.....	103	R20.00	R22.00

C. Hercules.

(a) Sub-economic.....	57	R2.40	R5.67
(b) Economic.....	57	R25.00	R32.00
(c) Old-aged homes (sub-economic).....	12	R3.00	
(d) National Housing Scheme.....	4	±R30.00	

D. Outlying Suburbs:

(i) <i>New Muckleneuk</i> :			
(a) Sub economic.....	23	R3.50	R5.95
(b) Converted economic.....	23	R20.00	R22.00
(ii) <i>Villieria</i> :			
(a) Sub-economic.....	4	R5.45	R5.95
(b) Converted economic.....	6	R20.00	R22.00
(iii) <i>Rietfontein</i> :			
(a) Sub-economic.....	11	R4.85	R5.95
(b) Converted economic.....	9	R20.00	R22.00
(iv) <i>Wonderboom South</i> :			
(a) Sub-economic.....	11	R4.85	R5.95
(b) Converted economic.....	16	R20.00	R22.00
(v) <i>Mayville</i> :			
(a) Sub-economic.....	3	R4.85	R5.95
(b) Converted economic.....	5	R20.00	R22.00
(vi) <i>Pretoria West</i> :			
(a) Sub-economic.....	11	R3.50	R5.95
(b) Converted economic.....	3	R20.00	R22.00
The converted economic schemes mentioned, originally were sub-economic schemes which, in the course of time, were converted into economic schemes and sold.			
(vii) <i>Hercules and Moot Area</i> :			
Economic (formerly Hercules schemes).....	97	R13.00	R22.00
(viii) <i>New Muckleneuk and Capital Park Areas</i> :			
Economic.....	50	±R47.00	
(ix) <i>Danville and Pretoria West Areas (flats)</i> :			
(a) Danville flats.....	18	R16.00	R17.00
(These are all two-roomed flats).			
(b) Pretoria West Area (Groenveld Flats).....	30	R28.00	R37.00

E. Showgrounds:

(a) Sub-Economic.....	99	R2.10	R16.45
(b) Old-aged homes (sub-economic).....	30	R5.50	

NOTE.—The 99 sub-economic houses at the Showgrounds were converted from economic to sub-economic with effect from the 1st July, 1964.

F. Central, Goedehoop and other Suburbs:

As a result of the new planning of freeways and other road construction projects, the Council has been obliged to purchase more properties in order to acquire the land.

A large number of properties have already been purchased for this reason. In some cases where the dwellings cannot be repaired economically, they were demolished.

Apart from the road construction programme, complete replanning of the Goedehoop suburban area is also envisaged.

At present the Council is letting the properties so acquired. These will eventually be demolished.

		Lowest	Highest
(a) Central and other Suburbs.....	215	R28.00	R44.00
(b) Goedehoop.....	60	R12.00	R40.00
(c) Flats—central area. (Six blocks of flats, consisting of 76 flats, 78 single and double rooms).....	76	R12.00	R43.00
Monthly rental for single and double rooms.....		R8.00	R19.00

G. Claremont, Riverside and Despatch:

Arising from the replanning in terms of the provision of the Group Areas Act, the Council has purchased a large number of properties and at present the following number of units are being let:—

(a) Claremont.....	149	R2.00	R36.00
(b) Riverside.....	8	R10.00	R13.00
(c) Despatch.....	6	R14.00	R18.00

H. The following additional housing schemes were also placed under the jurisdiction of the City Council of Pretoria as from the 1st July, 1964 as a result of the incorporation of Silverton and Pretoria North under the Greater Pretoria Scheme:

(a) Silverton:

(i) *Economic houses*: 502.

These houses were all erected by individual owners under Individual Housing Loan Scheme.

The monthly repayments vary from R15.00 to R27.00, depending on the size of the house and the amount required under the loan scheme.

(ii) *Sundry Properties*: 8.

These houses were purchased for certain Municipal projects and are at present being let at rentals which vary from R5.00 to R35.00 per month.

(iii) *Flats*:

One block of 57 flats, known as the "J. J. Bosmanhuis" consisting of two and three-roomed flats together with 18 garages which are being let at a rental of from R23.00 to R34.00 per month and R2.00 per month in respect of the garages.

(b) Pretoria North:

Economic houses: 266.

These houses were also, as in the case of Silverton, erected under the Individual Housing Loan Scheme, and monthly repayments vary from R17.00 to R27.00.

2. APPLICATIONS RECEIVED FOR HOUSING:

During the course of the year 1,257 applications for housing were received. (This is 36 less than for the year ending 31st December, 1963). A large number of applicants were housed while some who could not be housed immediately, moved to other addresses.

Waiting lists for approved tenants or purchasers under the various schemes are being kept, and the moment a house becomes available, it is offered to the person whose name appears next on the particular waiting list.

3. PROPOSED SCHEMES:

A scheme for the Old-aged, consisting of 17 units of three cottages each are at present under construction and should be available for occupation before June, 1965.

The rentals have been determined at R11.85 per month but consideration is being given to the manner in which this rental can be reduced as it is considered to be too high for the income of those to be accommodated.

Sub-Economic Houses—Danville:

Council at its meeting held on the 18th December, 1964 resolved that representations be made to the Department of Community Development, requesting the approval of a scheme of 93 sub-economic, three, four and five-roomed houses at monthly rentals of R13.00, R15.00 and R16.65 respectively.

This scheme will start as soon as the necessary approval has been obtained.

Chapter XI

DAIRY AND VETERINARY CONTROL

A. DETAILS OF LICENCES DEALT WITH:

	<i>New</i>	<i>Transfers</i>	<i>Discontinued</i>	<i>Refused</i>	<i>Increase or decrease</i>
Producers.....	95	24	18	1	+77
Producer-Distributors.....	—	—	—	—	—
Distributors.....	1	6	3	—	— 2
Milkshops.....	22	12	—	—	+22
TOTAL.....	118	42	21	1	+97

During the period under review the number of dairy premises increased by 97. The reasons for this increase are:—

- The incorporation of a number of peri-urban towns and adjacent farmlands during 1964.
- The incorporation of the “animal factor” into farming methods especially in the maize-producing areas.
- Increased consumption of milk by an evergrowing population.
- Economic stability created for the dairy farmers by the Government.

B. SITUATION OF PREMISES:

	<i>In Municipal area</i>	<i>Within 10 miles</i>	<i>11–25 miles</i>	<i>26–50 miles</i>	<i>51–75 miles</i>	<i>76–100 miles</i>	<i>101–150 miles</i>	<i>150–200 miles</i>	<i>Beyond 200 miles</i>	<i>Total</i>
Producers.....	10	22	99	104	68	34	118	38	1	494
Producer-Distributors....	1	1	—	—	—	—	—	—	—	2
Distributors.....	118	—	—	—	—	—	—	—	—	118
Milkshops.....	366	—	—	—	—	—	—	—	—	366
TOTAL.....	495	23	99	104	68	34	118	38	1	980

C. TRANSPORTATION OF MILK:

The usual method of transportation of milk from dairy farms to the city is by means of rail or motortransport. At least 90 per cent of the bulk supply is transported by means of motorvehicles and the rest by rail. Both methods leave much to be desired from an economic and hygienic point of view. Steps are however, being taken by the Milk Board for the bulk transportation of supplies in the near future.

Deliveries of processed milk and milk products within the city as well as to surrounding peri-urban areas are carried out by means of sheltered trucks, delivery bicycles, tricars, “electric prams” and specially constructed mopeds and scooters. Distributors endeavour to expedite deliveries with the minimum delay, in order to comply with requirements.

During the year all distributors of milk and milk products agreed to a system of zoning whereby each could only distribute within a certain stipulated area. Although this system resulted in a certain amount of confusion and dissatisfaction among the consuming public it can now be stated that the system was a great success, from economic, hygienic and control points of view.

D. PRODUCTION AND CONSUMPTION OF MILK AND CREAM:

- Production:** The total amount of milk produced during the year was 372,816 gallons giving an average daily production of 30,784 gallons, from producers and 284 gallons from “certified raw milk producers.” The latter were also responsible for the average daily production of 12 gallons of “certified raw cream”.
The above quantity of milk is obtained from approximately 20,958 cows in milk whilst a reserve of approximately 11,392 cows are kept for purposes of replenishment.
- Consumption:** As in the preceding year the average daily production exceeded that of the average daily consumption. A certain quantity of milk is, therefore, regarded as “surplus milk” which is rendered into other products such as butter, condensed milk, and powdered milk. The average daily production of surplus milk amounted to 4,730 gallons.
Except for milk produced as “certified raw milk”, all milk is pasteurised before consumption. The average daily consumption of pasteurised milk was 25,770 gallons, which is 1,137 gallons more than the average daily consumption during the previous year.

E. REJECTION OF MILK:

An estimated gallonage of 16,000 was rejected on account of souring, unpalatability, inferior quality, tainting etc. during the period under review.

F. PERSONNEL EMPLOYED IN THE MILK TRADE:

	Europeans	Non-Europeans	Total
Producers.....	560	2,312	2,872
Producer-Distributors.....	3	14	17
Distributors.....	196	624	820
TOTALS.....	<u>759</u>	<u>2,950</u>	<u>3,709</u>

G. TYPHOID TESTING OF DAIRY PERSONNEL:

	Total	Negative	Positive
Europeans.....	29	29	—
Non-Europeans.....	231	202	29
	<u>260</u>	<u>231</u>	<u>29</u>

The figure above indicate that only a small percentage (7%) of the total number of personnel employed in the dairy trade were tested. This is regrettable, but the position can, however, not be improved on account of long distances of dairy farms from the city and continuous changing of employees, especially non-Europeans. Employees tested were mostly from producer-distributors and distributors within the city. No milkborne outbreaks of typhoid were encountered during the past 20 years or more.

H. INSPECTIONS

Regular inspections of all milk premises were carried out by the inspectorate staff consisting of two Veterinarians and four qualified health inspectors. Assistance was also given by other members of the health inspectorate staff in connection with inspections of milk shops and distributing depots within the city. It can, therefore, be stated that the production, handling, processing and distribution of all milk is very well controlled and supervised.

The primary aim and object of inspections is to assist, advise and educate producers, producer-distributors, distributors and all persons handling milk in regard to the production, handling and utilisation of a clean, safe and wholesome milk. The most important matters discussed and stressed are:—

- (a) Production and transportation of milk.
- (b) Cleansing and sterilisation of dairy equipment.
- (c) Building of dairy premises.
- (d) Processing, distribution, consumption and nutrition.
- (e) General principles regarding hygiene in the milk trade.
- (f) Animal management and diseases (Zoonosis).
- (g) Chemical and bacteriological examination of milk.

In addition to the above, members of the inspectorate staff occasionally assist Government departments in the preparation of specifications and standards as well as serving on combined committees of various local authorities dealing with matters appertaining to milk and milk products. A most important aspect of the additional duties of the inspectorate staff is the tuition of students in the different sections of public health.

Particulars of inspections carried out are as follows:—

1. Inspection of Dairies (Farms):

(a) During milking periods.....	345
(b) At other periods.....	2,256
Contraventions dealt with.....	904

2. Inspection of Milk Depots:

(a) During early mornings.....	33
(b) Daytime.....	370
Contraventions dealt with.....	83

3. Distribution (Streets, Milkshops etc.) Inspections:

(a) Early mornings.....	141
(b) Daytime.....	71
Contraventions dealt with.....	15

4. Other Inspections or enquiries:.....	144
5. Complaints (Public) dealt with:.....	49
6. Written Notices Served:.....	30
7. Herd Inspections by Veterinary Officers:	

These inspections are carried out during actual milking periods. Herds are particularly examined for the presence of diseases which may adversely affect the quality and safety of the milk. (Erosian diseases and zoonosis). Farmers are advised on matters such as treatment, prevention and control of animal diseases, animal management, artificial insemination, treatment and control of parasitic infestations etc.

During the period under review 431 inspections of herds were carried out of which some were inspected more than once. Except for deficiency diseases, malnutrition, infertility and parasitic infestation the most common diseases found were, babesiosis, anaplasmosis, brucellosis, tuberculosis, paratyphoid, calf diphtheria, footrot, calf pneumonia, lumpy skin disease, three-day stiff sickness and cowpox. Plant and chemical poisoning caused severe losses on some farms.

During the latter half of the period under review a mastitis-survey was carried out in collaboration with officials of the Department of Agriculture and Technical Services, in order to ascertain to what extent mastitis occurs in dairy herds. Fifty herds were selected for this purpose and every cow in each herd was examined for the presence of mastitis. Milk samples were taken from each positive reactor and subjected to bacteriological examination and identification of the various causative organisms. The results are not available yet but preliminary results showed that the staphylococcus organism is by far the most important cause of mastitis in dairy herds. The Veterinary Officers, assisted by the inspectors and laboratory assistant, are also responsible for most of the laboratory work on milk e.g. chemical, physical, bacteriological, serological and biological testing, the results of which are tabulated hereunder:

1. MILK TESTS:

(a) Resazurin Test:

(i) <i>Raw milk: (from producers)</i>	
No. of samples tested.....	9,845
No. of samples satisfactory.....	6,810
No. of samples fair.....	2,171
No. of samples poor.....	864
(ii) <i>Certified Raw Milk:</i>	
No. of samples tested.....	751
No. of samples good.....	741
No. of samples fair.....	10
No. of samples poor.....	—
(iii) <i>Pasteurised Milk:</i>	
No. of samples tested.....	3,313
No. of samples good.....	3,236
No. of samples fair.....	43
No. of samples poor.....	34

(b) Presumptive Coli-form test:

(i) <i>Pasteurised Milk:</i>	
No. of samples tested.....	2,601
No. of samples positive.....	383
No. of samples negative.....	2,218
(ii) <i>Certified Raw Milk:</i>	
No. of samples tested.....	529
No. of samples positive.....	186
No. of samples negative.....	343

(c) Mastitis Tests:

No. of samples tested.....	442	
No. of samples positive.....	151	(33%)
No. of samples negative.....	291	

(d) Disc Sediment for visible dirt:

No. of samples tested.....	451
No. of samples satisfactory.....	311
No. of samples unsatisfactory.....	140
Warnings issued.....	138
Prosecuted.....	2

(e) Phosphate Test (Pasteurised Milk):

No. of samples tested	3,077
All were efficiently pasteurised.	

(f) Plate Counts and E. coli (Group 1) Tests:

(Taken under the Dairy By-laws of the City Council of Pretoria laying down a standard of not more than 200,000 micro-organisms per ml. and no E. coli (Group 1) in 0.01 ml. of raw milk and not more than 100,000 micro-organisms per ml. and no E. coli (group 1) in 1 ml. of pasteurised milk):

No. of samples analysed.....	226
Conforming to legal standards.....	82
Containing excess micro-organisms.....	62
Containing excess E. coli.....	8
Containing excess micro-organisms and E. coli.....	74
Warnings issued.....	144
Prosecutions.....	—

(g) Chemical Analysis (Samples analysed under provisions of Foods, Drugs and Disinfectants Act No. 13 of 1929, as amended):

No. of samples analysed.....	877
No. of samples satisfactory.....	391
No. of samples unsatisfactory.....	486
(i) Deficient in milkfat.....	35
(ii) Deficient in Milk-solids-not fat.....	417
(iii) Containing added water.....	33
(iv) Containing preservatives (formalin).....	1
No. of prosecutions.....	35

(h) Antibiotic estimation (Penicillin only):

No. of samples tested.....	546
No. of samples negative.....	532
No. of samples positive.....	14

(Results were obtained by making use of the Triphenyl-tetrasolium-chloride method of testing).

(i) Other tests performed:

(i) Brucellosis: A total of 244 cows were subjected to the serum-agglutination test, all with negative results. These animals all belong to producers holding a permit for the production of certified raw milk and cream.

(ii) Bovine Tuberculosis: The following schedule reflects the results of the intradermal tuberculin test on herds supplying milk to the city:

No. of animals tested.....	1,735
No. of animals negative.....	1,515
No. of animals positive.....	186
No. of animals suspicious.....	34

Included under the animals which gave a negative test are 244 belonging to producers supplying certified raw milk and cream.

(j) Prosecutions: During the period under review contraventions were dealt with under the Foods, Drugs and Disinfectants Act and the Dairy By-laws for offences enumerated below:—

Added water.....	33
Preservatives (formalin) in milk.....	1
Deficient in milkfat.....	1
Visible dirt.....	2
TOTAL.....	<u>37</u>

Except for seven prosecutions which had to be withdrawn on account of technical and legal implications, the rest were all sentenced to varying fines. Fines and admissions of guilt amounted to R464. The increasing number of "added water" cases encountered during the period under review caused us some concern. It was, therefore, felt that urgent and drastic steps had to be taken to stop this malpractice, by compelling all producers and producer-distributors to effectively seal milkcans according to requirements as laid down in the Foods, Drugs and Disinfectants act. Since the enforcement of the relevant requirements during the latter half of 1964, no more cases of adulteration of milk were found.

It will be noted that, except in one instance, no prosecutions were instituted against producers supplying milk deficient in milkfat or deficient in milk-solids-not-fat. This was due mainly to the following reasons:

- The deficiencies (especially milkfat) were only very slight and in most cases not more than 0.2 per cent.
- The country was in the grip of a long and severe drought which adversely affected production and the composition of the milk. Producers were nevertheless warned and requested to attend to these matters. In most cases good results were again obtained after improving the ration of dairy cows.

MUNICIPAL POUNDS:

1. NUMBER OF ANIMALS IMPOUNDED:

A. Hercules Pound:

Horses.....	140
Mules.....	74
Donkeys.....	24
Cattle.....	38
Sheep and Goats.....	4
Pigs.....	—
Dogs.....	—
Other animals.....	—
	<u>280</u>

B. Silverton Pound

Horses.....	11
Mules.....	10
Donkeys.....	24
Cattle.....	35
Sheep and Goats.....	41
Pigs.....	—
Dogs.....	—
Other animals.....	—
	<u>121</u>

2. POUND FEES COLLECTED:

Hercules Pound.....	R230.70
Silverton Pound.....	R191.40
	<u>R422.10</u>

3. MONEYS COLLECTED FROM POUNDSALES:

Hercules Pound.....	R21.84
Silverton Pound.....	R219.90
	<u>R241.74</u>

4. GENERAL

The Pounds are under the direct supervision of the Council's Veterinary officers. A Pound-master is in charge of each Pound for the receipt, care and release of impounded animals. Animals not released after a stipulated period are usually sold at a public Pound auction.

With the incorporation of certain areas within the Municipal area of Pretoria during the latter half of 1964, a pound (situated at Silverton) was also taken over. Due to continuous complaints from residents in the south-eastern portion of the incorporated area, the Council agreed to the establishment of a third pound within its area of jurisdiction. The necessary buildings will be erected in the forthcoming year.

Chapter XII

WATER SUPPLIES

As previously stated the demand for water has increased tremendously year by year as the table set out hereunder shows:—

	<i>m.g.d.</i>
1929—1930.....	4.2
1934—1935.....	7.4
1939—1940.....	8.78
1945—1946.....	13.8
1946—1947.....	14.2
1947—1948.....	14.52
1948—1949.....	15.254
1949—1950.....	15.963
1950—1951.....	16.973
1951—1952.....	17.766
1952—1953.....	17.921
1953—1954.....	18.065
1954—1955.....	18.689
1955—1956.....	20.821
1956—1957.....	21.533
1957—1958.....	23.008
1958—1959.....	25.339
1959—1960.....	27.994
1960—1961.....	29.004
1961—1962.....	29.807
1962—1963.....	30.790
1963—1964.....	32.738

The water is drawn from five sources; three direct from dolomitic springs and the balance from Rietvlei and the Rand Water Board. During the period under review the following quantities of water were drawn from these sources:—

Rand Water Board.....	9,300.615
Springs (Fountains).....	1,237.449
Sterkfontein Springs.....	462.490
Rietvlei/Erasmus Springs.....	602.459
Rietvlei Filters.....	398.064

The following quantities of refuse etc. have been removed:

	<i>January— December 1964</i>
Bin Services.....	351,091
Special and Coupon Services.....	31,167
Sanitary Pail Services.....	2,826,765
Vacuum tanks.....	13,952,000

Chapter XIII

SEWAGE PURIFICATION WORKS AND CHEMICAL LABORATORIES 1964

SEWAGE FLOW:

The monthly sewage flow and rainfall figures for the year were as follows:—

	Daspoort sewage works		Rooiwal sewage works	
	Daily average Flow gallons	Rainfall mm.	Daily average Flow gallons	Rainfall mm.
January.....	8,538,000	130.6	5,483,000	151.3
February.....	8,542,000	66.7	5,172,000	47.6
March.....	7,814,000	54.3	5,168,000	30.7
April.....	7,436,000	23.5	4,908,000	23.9
May.....	7,068,000	5.8	4,924,000	3.0
June.....	6,803,000	5.0	5,065,000	0.0
July.....	6,757,000	0.0	4,827,000	0.0
August.....	7,066,000	0.0	5,115,000	0.0
September.....	6,558,000	13.4	6,054,000	13.2
October.....	7,368,000	149.0	6,407,000	199.1
November.....	6,865,000	16.6	6,095,000	23.4
December.....	7,149,000	187.5	6,654,000	280.0
Year 1964.....	7,330,000	652.4	5,489,000	772.2

The daily average flow of sewage treated at the two purification works was $12\frac{3}{4}$ million gallons, an increase of $\frac{1}{4}$ million gallons as compared with 1963 and $1\frac{1}{4}$ million higher than 1960.

SEWAGE WORKS.

DASPOORT

RAGS AND GRIT:

644 cubic yards of rags and 329 cubic yards of sand and grit were removed from the sewage during the year. This represents an average of 6.5 cubic feet rags and 3.3 cubic feet sand and grit per million gallons sewage.

DIGESTED SLUDGE

During the year 7,400 cubic yards of dried digested sludge were removed from the East and 5,486 cubic yards from the West drying beds, a total of 12,886 cubic yards.

EFFLUENT TO PRETORIA WEST POWER STATION

A total of 1,274 million gallons of sand filtered and chlorinated effluent was pumped to the station on 365 days which is a daily average of 3.5 million gallons.

Analytical results in Table I.

ROOIWAL

RAGS AND GRIT:

316 cubic yards of rags and 435 cubic yards of sand and grit were removed from the sewage during the year. This represents an average of 5.1 cubic feet rags and 5.8 cubic feet sand and grit per million gallons of sewage.

DIGESTED SLUDGE:

All digested sludge is handled by irrigation and ploughing on approximately 30 morgen of land.

EFFLUENT TO ROOIWAL POWER STATION

Maturation Pond effluent gravitation after chlorination to the Power Station for cooling water. A quantity of 404 million gallons was used during the year.

Analytical Results in Table II.

POPLAR PLANTATIONS:

The following is the position in respect of the plantations growing on some 380 acres.

Total No. of trees planted.....	206,000
Trees thinned out.....	8,000
Unsuitable patches.....	4,000
Total No. of trees standing.....	194,000

LABORATORIES

During the year 5,875 samples were analysed for various municipal departments.

SEWAGE, RIVER AND DAM ANALYSIS:

Representative samples of sewage, sludge, river water and dam water were analysed regularly during the year some of them bacteriologically as well as chemically to maintain efficient operation of the sewage treatment units and to observe any pollution or changing conditions in the rivers and dams.

Analytical results in Tables I and II.

CHEMICAL STAFF AT 31st DECEMBER, 1964.

N. P. Nicolle, B.Sc., M.S.A. Chem. I., M. Inst. S.P.....	Chief Chemist.
H. M. Murray, B.Sc. (Appl. & Ind. Chem.) M.S.A. Chem. I, A.M. Inst. S.P.....	Assistant Chief Chem- ist.
H. P. Oosthuizen, B.Sc.....	Chemist.
H. H. E. Schröder, B.Sc. (Hon.) B.Sc. U.E.D., A.M., S.A. Chem. I.....	Chemist.
E. A. Gerke, B.Sc.....	Chemist.
A. J. Louw.....	Laboratory Assistant.
A. P. Erasmus.....	Laboratory Assistant.
H. D. Botha.....	Laboratory Assistant.
Mrs. J. D. Venter.....	Typist/Clerk.

TABLE I. AVERAGE RESULTS OF ANALYSIS OF SEWAGE EFFLUENT FROM THE DIFFERENT UNITS.

Results are in parts per million.
Figures in brackets represent the highest and the lowest values respectively for the year.

UNITS	DASPOORT					ROOIWAL	
	1-4 6 ft. biofilters single filtration	5 & 6 12 ft. biofilters double filtration	7 & 8 6 ft. biofilters single filtration	9 5 ft. Jenks biofilter 2:1 recirculation	Sandfilters Rapid Gravity	12 ft. biofilters single filtration	1
Average daily flow millions gallons.....	2.3	2.6	1.6	1.1	3.5	3.7	
4 Hours oxygen absorbed.....	10.2 (14.9) (8.9)	12.4 (16.5) (9.3)	11.0 (16.8) (8.4)	16.0 (22.5) (11.5)	9.4 (11.5) (8.2)	14.4 (17.0) (11.3)	
5 Day B.O.D.	14 (20)	15 (25)	17 (38)	37 (66)	89 (11)	23 (34)	23 (11)
Chemical Oxygen Demand.....	85 (160)	105 (130)	90 (155)	160 (235)	77 (145)	135 (270)	135 (95)
Ammonia as N.	11 (17)	12 (23)	13 (32)	24 (46)	11 (20)	26 (40)	26 (10)
Nitrate as N.	18 (21)	23 (30)	13 (27)	2 (7.5) (0.5)	18 (24)	19 (26)	19 (14)
Total Dissolved Solids (Dried at 105°C).....	460 (505)	515 (600)	560 (940)	560 (810)	530 (585)	565 (685)	565 (500)
Suspended Solids.....	23 (47)	28 (44)	33 (50)	53 (80)	8 (15)	37 (52)	37 (23)
Synthetic Detergents (Anionic).....	4.6 (7.6) (2.6)	8.0 (11.3) (3.0)	4.3 (6.9) (1.2)	6.6 (10.8) (2.4)	4.2 (5.7) (1.7)	10.2 (18.3) (5.6)	

TABLE II.

AVERAGE RESULTS FOR ROOIWAL MATURATION PONDS, 1964.

<i>Results are in parts per million</i>	<i>Pond Influent</i>	<i>Pond 1</i>	<i>Pond 2</i>	<i>Pond 3</i>	<i>Pond 4</i>	<i>Pond Effluent</i>
Dissolved Solids.....	565	515	500	485	480	470
Suspended Solids.....	37	37	31	23	29	17
Chloride as Cl.....	84	77	76	77	79	77
pH.....	7.7	7.9	8.0	8.0	8.1	8.0
Ammonia as N.....	26	20	20	18	16	14
Nitrite as N.....	1.0	0.8	0.7	0.7	0.6	0.6
Nitrate as N.....	19	17	14	11	9	9
Chem. Oxygen Demand.....	135	94	80	66	61	68
4 Hrs. Oxygen Absorbed.....	14.4	12.3	10.9	9.5	9.9	9.7
5 Day B.O.D.....	23.0	12.9	9.2	7.5	8.1	7.4
Phosphate as PO ₄	—	53	52	51	48	46
Anionic Detergents.....	10.2	—	—	—	—	5.0

Average flow into the ponds: 2.26 million gallons per day. Bacteriological Results: M.P.N. per 1 ml.

	<i>E. coli type I.</i>	<i>E coli type II.</i>	<i>Faecal Streptococci.</i>
Influent.....	440,000	13,000	350
Effluent.....	1,060	60	6

TABLE III.

AVERAGE RESULTS OF ANALYSIS OF SLUDGE:

	<i>Daspoort</i>		<i>Rooiwal</i>	
	<i>Raw sludge</i>	<i>Digested sludge</i>	<i>Raw sludge</i>	<i>Digested sludge</i>
Daily average volume pumped; gallons....	59,000	—	60,000	—
pH.....	5.8	6.8	5.6	7.1
Solids %.....	5.5	7.3	7.0	8.5
Ash % of Solids.....	23	37	24	44
Volatile Acids p.p.m.....	1,500	400	2,260	560
Ammonia as N p.p.m.....	220	485	420	920
Alkalinity (as CaCO ₃) p.p.m.....	1,300	2,380	1,530	4,260

Chapter XIV

NON-EUROPEAN MEDICAL SUPPLIES

CLINICS CONDUCTED:

The following table shows the number and types of Clinics per week conducted exclusively for Non-Europeans in the City and Locations:—

	<i>Atteridge- ville</i>	<i>Compound</i>	<i>Mamelodi</i>	<i>Special Diseases</i>	<i>Lady Selborne</i>
Child Welfare.....	2	2	2	—	—
Venereal Diseases clinics....	1	—	1	4	—
Ante- and post natal clinics.	1	2	1	—	—
Tuberculosis.....	1	1	1	—	1
Gen. Outpatient clinics.....	2	—	2	—	—

Further details regarding Child Welfare, Venereal Diseases, Tuberculosis and Ante-natal clinics appear elsewhere in this report.

CLINIC RETURNS:

	<i>Compound</i>	<i>Atteridge- ville</i>	<i>Mamelodi</i>	<i>Saulsville</i>	<i>Total</i>
No. of new patients.....	—	6,922	8,440	6,130	21,492
No. of repeat attendances...	—	11,910	13,585	16,114	41,609
No. of dressings done.....	3,218	12,986	11,738	12,738	40,680

In addition to the above, out-patient clinics for non-European municipal employees are held every morning except Sundays and Public Holidays. During the year 4,103 sick employees were treated and 1,759 employees who had sustained injuries were medically examined and treated.

TABLE 1.

BIRTHS (ALL RACES) FOR THE YEAR ENDED 31st DECEMBER, 1964.

	European				Native				Asiatic				Eurafrican			
	Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate		Legitimate		Illegitimate	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
January...	160	147	1	5	72	83	42	32	8	13	—	—	10	7	1	2
February...	115	100	3	2	203	182	135	130	4	5	—	—	5	4	1	—
March...	232	218	3	8	205	188	134	144	6	1	—	—	—	2	—	—
April...	213	197	1	3	116	123	80	64	6	3	—	—	7	9	—	1
May...	205	162	1	—	255	295	188	222	11	6	1	—	3	2	3	3
June...	157	163	4	4	133	169	105	132	7	7	1	—	6	5	—	2
July...	187	179	4	3	151	151	88	84	8	8	—	—	6	3	—	—
August...	158	138	5	4	267	247	201	184	8	9	—	—	6	1	2	2
September	161	143	4	1	141	157	116	121	5	8	—	—	6	4	—	—
October...	238	198	5	4	135	194	92	86	6	9	—	—	4	8	1	1
November	202	201	1	3	162	165	90	80	11	12	—	—	7	8	2	—
December.	189	174	2	2	89	89	44	34	7	9	1	—	6	3	1	1
TOTALS..	2,217	2,020	34	39	1,929	2,043	1,315	1,313	87	90	3	—	66	56	8	12

STILLBIRTHS (LOCAL RESIDENTS). BIRTHS TO NON-RESIDENTS

	European		Non-European		European		Non-European	
	M		M		M		M	
	M	F	M	F	M	F	M	F
January...	1	3	4	5	104	101	23	16
February...	1	2	5	18	69	88	69	66
March...	8	1	15	11	111	135	66	52
April...	4	1	9	6	125	110	27	30
May...	—	2	8	12	107	112	210	95
June...	—	—	4	8	103	102	93	50
July...	—	3	6	8	75	76	43	37
August...	2	—	12	14	40	37	93	75
September...	2	2	10	4	47	36	40	46
October...	6	1	8	13	59	51	64	75
November...	2	1	10	9	56	53	35	37
December...	1	2	3	4	38	54	24	15
TOTALS...	27	18	94	112	934	955	787	594

TABLE 2.
DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED, 31st DECEMBER 1964

EUROPEANS	Under 24 hours		24 hours and up to under 1 week		1 week and up to under 1 month		1 month and up to under 3 months		3 months and up to under 6 months		6 months and up to under 12 months		Total Infantile mortality		One year and up to under 2 years		2 years and up to under 3 years		3 years and up to under 4 years		4 years and up to under 5 years		Total under five years	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Meningitis.....	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	—	1	—	
Septicaemia.....	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
Anaemia.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	
Acute Myocarditis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
Acute Bronchitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	
Broncho Pneumonia.....	—	—	3	1	2	2	2	2	2	1	—	—	7	5	1	2	2	1	—	—	—	—	1	
Diarrhoea and Enteritis.....	—	—	—	—	2	1	2	3	2	1	—	—	6	5	—	3	1	—	—	—	1	—	8	
Congenital Debility.....	1	1	3	1	4	3	1	1	—	—	—	—	9	6	—	—	—	—	—	—	—	—	8	
Premature Birth.....	3	4	23	10	4	1	2	—	—	—	—	—	32	15	—	—	—	—	—	—	—	—	6	
Birth Injury.....	2	—	3	5	—	—	—	—	—	—	—	—	6	5	—	—	—	—	—	—	—	—	5	
Atelectasis.....	1	2	8	7	1	—	—	—	—	—	—	—	9	9	—	—	—	—	—	—	—	—	9	
Other diseases first year.....	—	—	1	1	1	—	—	1	1	—	—	—	5	2	—	—	—	—	—	—	—	—	2	
Other accidents.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	1	—	—	—	1	
Other unknown causes.....	1	—	1	—	—	—	2	1	—	—	—	—	4	3	—	1	—	—	—	—	—	—	4	
TOTAL.....	8	7	42	25	6	3	10	8	10	7	3	2	79	52	4	6	3	2	—	1	1	—	87	61

TABLE 3.

DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 31st DECEMBER, 1964

BANTU	Under 24 hours		24 hours and up to under 1 week		1 week and up to under 1 month		1 month and up to under 3 months		3 months and up to under 6 months		6 months and up to under 12 months		Total Infantile mortality		One year and up to under 2 years		2 years and up to under 3 years		3 years and up to under 4 years		4 years and up to under 5 years		Total under five years	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Tuberculosis Pulmonary.....	—	—	—	—	—	—	1	—	1	—	1	—	2	1	1	—	—	—	—	—	—	—	3	2
Tuberculosis Central Nervous System.....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2
Congenital Syphilis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Septicaemia.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Diphtheria.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Whooping Cough.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Tetanus.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Measles.....	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
Malnutrition.....	—	—	—	—	—	—	—	—	—	—	—	—	2	0	—	—	—	—	—	—	—	—	—	—
Pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	6	8	—	—	—	—	—	—	—	—	—	3
Cerebral Embolism.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	27
Meningitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Intercranial Abscess.....	—	—	—	—	—	—	—	—	—	—	—	—	6	5	—	—	—	—	—	—	—	—	—	9
Myocardial Degeneration.....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Pneumonia Lobar.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Pneumonia Broncho.....	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	3
Bronchitis.....	—	—	—	—	—	—	—	—	—	—	—	—	80	77	—	—	—	—	—	—	—	—	—	151
Acute Sinusitis.....	—	—	—	—	—	—	—	—	—	—	—	—	5	2	—	—	—	—	—	—	—	—	—	8
Acute Laryngitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Disease of the Lung.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Intestinal Obstruction.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Gastro-enteritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Disease of the Liver.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	166
Nephritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	114
Congenital Malformations.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Birth Injury.....	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Arelectasis.....	6	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Sepsis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Haemorrhagic Disease.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prematurity.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ill-Defined causes.....	8	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Accidents Motor.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Accidents Poison.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
Accidents Fire.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Accidents Drowning.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL.....	18	18	86	51	22	19	63	55	52	51	102	68	343	262	131	142	56	49	17	18	12	11	559	482

DEATHS OF CHILDREN UNDER 5 YEARS OF AGE FOR THE YEAR ENDED 31st DECEMBER, 1964

TABLE No. 3.

ASIATICS	Under 24 hours		24 hours and up to under 1 week		1 week and up to under 1 month		1 month and up to under 3 months		3 months and up to under 6 months		6 months and up to under 12 months		Total infantile mortality		One year and up to under 2 years		2 years and up to under 3 years		3 years and up to under 4 years		4 years and up to under 5 years		Total under five years	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Malnutrition.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Broncho-Pneumonia.....	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	2
Gastro-intenteritis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Birth Injury.....	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Premature Birth.....	1	—	4	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	5	—
TOTAL.....	1	—	4	1	—	1	—	1	—	1	1	1	8	3	1	—	—	—	1	1	—	—	10	4

EURAFRICANS

Broncho Pneumonia.....	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Meningitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Gastro Enteritis.....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	2	—	—	—	—	—	—	3	2
Premature Birth.....	1	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	2	1
Haemolytic Disease.....	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Ill-Defined Causes.....	—	1	—	—	—	1	—	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	1	3
TOTAL.....	1	1	2	—	—	2	3	—	1	1	—	—	7	4	2	3	—	—	—	—	—	—	9	7

TABLE No. 4.
DEATHS OF EUROPEANS FIVE YEARS OF AGE AND OVER WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 31st DECEMBER, 1964.

	5-9 years		10-14 years		15-19 years		20-24 years		25-29 years		30-39 years		40-49 years		50-59 years		60-69 years		70-79 years		Over 80 years		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Infectious and Parasitic Diseases.....	—	—	—	1	—	1	1	—	—	—	1	—	—	—	—	1	2	1	—	—	—	1	4	5
Cancer and Other Tumours.....	1	1	1	1	1	—	—	—	—	2	4	2	4	10	16	15	22	17	9	11	8	7	66	66
Diseases of Nutrition Endocrine Glands.....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2	2	3	2	6	1	1	9	12
Diseases of blood and blood forming organs.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Diseases of Nervous System and sense organs.....	—	—	—	—	—	—	2	2	—	3	5	3	7	5	10	6	7	9	14	18	12	25	57	71
Diseases of circulatory system.....	—	1	—	1	—	3	1	1	—	2	8	6	24	7	48	25	54	35	55	44	41	61	231	186
Diseases of Respiratory system.....	—	1	—	—	—	—	1	—	—	2	1	1	9	7	4	6	28	9	28	17	22	25	93	68
Diseases of Digestive system.....	—	—	—	—	—	—	—	—	—	—	2	1	3	2	3	1	3	4	3	2	6	2	20	13
Non-Veneral Diseases of the Urinary and Genital Systems	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—	1	2	3	—	2	1	2	4	10
Senility and Uraemia.....	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	4	1	2	9	21	11	29	23
Suicide.....	—	—	—	—	—	—	2	—	—	—	4	—	1	—	3	—	1	—	—	—	—	—	11	—
Homicide.....	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Accidents.....	3	—	3	—	11	2	2	2	5	1	7	3	3	1	5	—	1	1	1	—	—	—	42	10
Unknown or unspecified causes.....	—	—	—	—	1	—	1	—	1	1	2	1	3	1	13	5	7	2	10	15	5	11	43	36
TOTAL.....	4	5	4	3	13	6	10	6	7	12	34	19	56	34	107	63	133	85	124	124	118	146	610	503

TABLE No. 5.
DEATHS OF BANTU FIVE YEARS OF AGE AND OVER WITHIN THE MUNICIPAL AREA FOR THE YEAR ENDED 31st DECEMBER, 1964.

	5-9 years		10-14 years		15-19 years		20-24 years		25-29 years		30-39 years		40-49 years		50-59 years		60-69 years		70-79 years		Over 80 years		TOTAL		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Infectious and Parasitic Diseases.....	5	3	2	2	—	—	—	—	—	3	3	2	4	3	5	1	4	—	—	1	1	1	1	24	16
Cancer and Other Tumours.....	—	—	—	—	—	—	—	—	—	1	3	3	8	8	12	3	11	11	5	2	4	1	43	29	
Disease of Nutrition Endocrine Glands.....	1	1	—	—	—	—	—	1	—	—	—	4	—	1	5	1	—	2	2	2	1	1	10	13	
Diseases of Nervous System and sense organs.....	1	—	2	—	3	1	3	1	1	2	10	4	8	8	8	2	12	7	—	2	2	—	50	27	
Diseases of Circulatory system.....	1	1	—	1	1	1	4	7	6	7	14	15	19	11	19	9	19	12	9	8	2	6	94	78	
Diseases of Respiratory system.....	6	6	6	1	4	8	7	6	6	6	28	14	25	13	21	11	21	20	10	5	11	17	145	107	
Diseases of Digestive system.....	5	2	3	—	—	1	1	—	1	1	1	5	9	3	4	6	4	1	2	1	1	1	31	21	
Non-Veneral Diseases of the Urinary and Genital systems	—	—	—	—	—	1	—	—	—	—	—	—	—	1	2	2	2	—	3	2	—	—	8	8	
Diseases of Pregnancy and Childbirth.....	—	—	—	—	—	—	—	2	—	6	—	—	—	2	—	—	—	—	—	—	—	—	—	10	
Senility and Uraemia.....	—	—	—	—	—	—	—	—	1	—	2	—	1	—	2	—	1	2	—	2	2	5	9	9	
Suicide.....	—	—	—	—	—	—	2	—	—	—	6	2	3	1	2	1	2	—	—	—	—	—	15	4	
Homicide.....	—	—	1	1	11	—	20	1	9	1	20	1	9	—	2	—	—	—	—	—	—	—	72	4	
Accidents.....	4	3	3	2	5	1	10	2	16	—	38	—	32	1	8	—	5	2	2	—	1	1	124	12	
Legal Executions.....	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	3	—	
Unknown or unspecified causes.....	4	4	3	1	4	4	—	6	5	4	11	10	18	9	12	5	10	4	7	6	9	11	83	64	
TOTAL.....	27	20	20	8	28	17	48	26	46	32	138	60	137	61	102	41	91	61	40	31	34	45	711	402	

TABLE 6.
INFANTILE MORTALITY EUROPEAN CAUSE OF DEATH AND MORTALITY RATES FOR YEAR ENDED 31st DECEMBER, 1964.

	Atelectasis		Malnutrition		Infectious Disease		Diarrhoeal Disease		Bronchitis and Pneumonia		Congenital Causes		Other Causes		Prematurity		Injury at Birth		Total Deaths		Total Births		Mortality rates per 1,000 live births		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Central Area.....	1	3	—	—	—	—	—	1	—	1	1	—	1	—	9	1	2	2	14	8	272	250	51.47	32.00	42.15	
Pretoria West.....	—	1	—	—	—	1	2	1	1	1	—	—	2	2	10	2	2	1	18	9	290	317	62.07	22.08	44.48	
Leper & Mental Hospitals and Defence.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	9	—	—	—	
Salvokop.....	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	31	17	—	58.82	20.84	
Voortrekkerhoogte.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	9	—	—	—	
Eastern Suburbs.....	2	2	—	—	—	—	1	1	2	—	3	1	2	—	4	6	3	1	17	11	625	532	27.20	20.68	24.20	
Northern Suburbs.....	4	2	—	—	—	—	2	1	4	3	1	3	1	—	7	2	2	—	20	12	629	580	31.80	20.69	26.47	
Hercules.....	2	1	—	—	—	—	1	—	—	1	3	2	—	—	2	4	2	3	10	11	382	345	26.18	31.88	28.89	
TOTAL.....	9	—	—	—	—	—	6	—	7	—	9	—	5	—	32	—	11	—	79	—	2,251	—	35.10	—	—	
F	—	9	—	—	—	1	—	5	—	6	—	6	—	3	—	15	—	7	—	52	—	2,059	—	—	25.25	30.39

TABLE No. 7.

INFANTILE MORTALITY: ALL NON-EUROPEAN RACES: DISTRICT INCIDENCE FOR THE YEAR ENDED 31st DECEMBER 1964

BANTU	Bronchitis and Pneumonia												Congenital Causes				Other Causes		Prematurity		Injury at Birth		Malnutrition		Total Deaths		Total Births		Mortality rates per 1,000 live births		TOTAL
	Atelectasis		Infectious Diseases		Diarrhoeal Diseases		Pneumonia		Congenital Causes		Other Causes		Prematurity		Injury at Birth		Malnutrition		Total Deaths		Total Births		Mortality rates per 1,000 live births								
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
Mamelodi.....	3	3	2	1	44	24	23	30	1	—	16	16	24	16	8	3	1	1	122	94	974	961	125.26	97.81	111.63						
Atteridgeville.....	5	—	4	1	21	13	33	25	2	—	16	13	19	16	7	11	4	1	111	80	1,155	1,163	96.10	69.65	82.83						
Hercules.....	6	4	—	2	25	14	29	23	1	—	11	11	14	12	5	5	1	6	92	77	974	1,091	94.46	70.58	81.84						
Town.....	—	—	1	—	3	1	2	2	1	—	3	—	7	7	1	1	—	—	18	11	141	141	127.66	78.01	102.84						
TOTAL.....	14	7	7	4	93	52	87	80	5	—	46	40	64	51	21	20	6	8	343	262	3,244	3,356	105.73	78.07	91.67						
ASIATIC																															
Location.....	—	—	—	—	—	—	1	2	—	—	—	—	4	—	1	—	1	—	7	2	61	63	114.75	31.75	72.58						
Hercules.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	17	10	58.82	100.00	74.07						
Town.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	17	—	—	—						
TOTAL.....	—	—	—	—	—	—	1	2	—	—	—	—	5	—	1	1	1	1	8	3	90	90	88.89	33.33	61.11						
EURAFRICAN																															
Location.....	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	1	2	29	28	34.48	71.43	52.63						
Hercules.....	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	3	—	18	22	166.67	—	75.00						
Eersterus & Derdepoort.....	—	—	—	—	1	—	—	1	—	—	1	1	1	—	—	—	—	—	3	2	27	18	111.11	111.11	111.11						
TOTAL.....	—	—	—	—	2	—	1	1	—	—	1	2	2	1	1	—	—	—	7	4	74	68	94.73	58.82	77.47						
ALL NON-EUROPEAN																															
Location.....	8	3	6	2	66	37	57	57	3	—	32	30	47	33	16	44	6	2	241	178	2,219	2,215	108.61	80.36	94.50						
Hercules.....	6	4	—	2	25	14	30	23	1	—	11	11	16	12	6	6	1	6	96	78	1,009	1,123	95.14	69.46	81.61						
Town.....	—	—	1	—	3	1	2	2	1	—	3	—	7	7	1	1	—	—	18	11	153	158	117.65	69.62	93.25						
Eersterus Derdepoort.....	—	—	—	—	1	—	—	1	—	—	1	1	1	—	—	—	—	—	3	2	27	18	111.11	111.11	111.11						
TOTAL.....	14	7	7	4	95	52	89	83	5	—	47	42	71	52	23	21	7	8	358	269	3,408	3,514	105.00	76.55	90.58						

TABLE No. 8.

DEATHS IN INSTITUTIONS OF PERSONS NOT RESIDENT IN PRETORIA FOR THE YEAR ENDED 31st DECEMBER 1964.

	0-1 year		1-5 years		5-10 years		10-20 years		20-40 years		Over 40 years		Total Europeans		Total Non-Europeans	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PRETORIA AND OTHER HOSPITALS:																
European.....	41	29	7	6	8	1	13	9	43	23	288	210	400	278	—	—
Non-European.....	151	114	151	118	34	21	36	27	213	96	434	189	—	—	1,019	557
MENTAL HOSPITAL:																
European.....	—	—	—	—	—	—	—	—	1	1	28	31	29	32	—	—
Non-European.....	—	—	—	—	1	—	—	1	5	2	18	5	—	—	24	8
LEPER ASYLUM:																
European.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-European.....	—	—	—	—	—	—	—	1	—	—	4	7	—	—	4	8
PRISONS:																
Europeans.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Non-European.....	—	—	—	—	—	—	5	—	62	—	8	—	—	—	75	—
VISITORS:																
European.....	1	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—
Non-European.....	—	—	—	—	—	—	—	—	1	—	2	1	—	—	3	1
TOTAL:																
European.....	42	29	7	6	8	1	13	9	45	24	317	241	432	310	—	—
Non-European.....	151	114	151	118	35	21	40	29	281	98	466	202	—	—	1,125	574

TABLE No. 9

NOTIFICATION OF INFECTIOUS DISEASES: LOCAL CASES: ALL RACES: FOR THE YEAR ENDED 31st DECEMBER 1964

	0-1 year		1-5 years		5-10 years		10-20 years		20-40 years		Over 40 years		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	EUROPEANS													
Typhoid Fever.....	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Scarlet Fever.....	—	—	12	11	14	14	2	3	—	—	—	—	28	28
Diphtheria.....	—	—	—	3	2	6	3	1	—	—	—	—	5	10
Leprosy.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Tuberculosis.....	—	1	7	11	3	—	—	1	4	4	16	11	30	28
Erysipelas.....	—	—	—	1	—	—	—	—	—	1	1	1	1	3
Meningococcal Meningitis.....	—	—	—	1	—	1	1	1	—	—	—	1	2	4
Lethargic Encephalitis.....	—	—	2	—	1	1	—	1	—	1	—	—	3	3
NON-EUROPEANS														
Typhoid Fever.....	—	1	1	1	2	4	8	5	5	3	1	—	17	14
Diphtheria.....	—	1	8	7	4	10	—	3	—	—	—	—	12	21
Tuberculosis.....	19	15	89	78	26	23	15	31	182	90	173	35	504	272
Leprosy.....	—	—	—	—	—	—	—	2	1	—	4	—	5	2
Meningococcal Meningitis.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Peurperal Fever.....	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Lethargic Encephalitis.....	—	—	—	—	—	1	—	—	—	—	1	—	1	1
Scarlet Fever.....	—	—	—	1	1	1	—	—	—	—	—	—	1	2
Small Pox.....	1	—	5	7	3	4	1	—	1	—	—	—	11	11
Erysipelas.....	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Kwashiorkor.....	9	17	173	143	3	3	1	—	—	—	—	—	186	163

TABLE No. 10

NOTIFICATION OF INFECTIOUS DISEASES: IMPORTED CASES: ALL RACES: FOR THE YEAR ENDED 31st DECEMBER 1964

	0-1 year		1-5 years		5-10 years		10-20 years		20-40 years		Over 40 years		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
EUROPEANS														
Typhoid Fever.....	—	—	—	—	—	—	—	—	1	1	—	—	1	1
Meningococcus Menin.....	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Scarlet Fever.....	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Malaria.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Tuberculosis.....	—	—	—	1	—	—	2	—	—	—	3	1	5	2
NON-EUROPEANS														
Typhoid Fever.....	—	—	—	—	—	1	—	1	1	1	—	—	1	3
Diphtheria.....	—	—	1	2	—	2	—	—	—	—	—	—	1	4
Small Pox.....	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Encephalitis.....	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Leprosy.....	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Malaria.....	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Tuberculosis.....	—	—	6	5	—	5	3	6	12	23	12	6	33	45

TABLE No. 11

DISTRICT DISTRIBUTION OF NOTIFIED INFECTIOUS DISEASES FOR THE YEAR ENDED 31st DECEMBER 1964

Race	Infective Encephalitis		Cerebro Spinal Meningitis		Tuber- culosis		Small Pox		Opthalmia Neonato- rum		Puerperal Fever		Leprosy		Typhoid Fever		Malaria		Diphtheria		Malta Fever		Scarlet Fever		Erysipelas		Kwashi- iorkor	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Central Area.....	—	—	1	—	7	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Non-European	—	—	—	—	8	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Pretoria West.....	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	—	3	—	—	—	—	
Non-European	—	—	—	—	8	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	
Leper Inst., Mental Hos- pital, Prison & Defence Reserve.....	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	
Non-European	—	—	—	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Voortrekkerhoogte.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	
Salvokop.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Non-European	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Eastern Suburbs.....	—	2	—	1	7	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	15	7	—	2	1	
Non-European	—	—	—	—	11	7	6	8	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	
Non-European	—	1	—	—	8	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	9	12	1	—	—	
Northern suburbs.....	—	—	—	—	7	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	3	2	
Non-European	—	3	—	1	3	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	4	—	3	4	—	1	—	
Hercules.....	—	1	—	—	96	45	1	1	—	—	—	—	1	1	7	7	—	—	—	2	5	—	—	—	1	1	39	
Non-European	—	—	—	—	165	98	2	2	—	—	—	—	—	—	5	3	—	—	—	8	—	—	1	—	—	40	85	
Vlakfontein.....	—	—	—	—	176	106	1	1	—	—	—	—	—	4	2	3	—	—	—	5	—	—	—	—	—	91	35	
Arteridgeville.....	—	—	—	—	5	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	49	—	
Non-European	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	
Asiatic Bazaar.....	—	—	—	—	27	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Cape Location.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE 12.

INCIDENCE OF INFECTIOUS DISEASES FOR THE YEAR ENDED 31st DECEMBER 1964.

		Typhoid Fever	Malaria Fever	Scarlet Fever	Diphtheria	Leprosy	Erysipelas	Puerperal Fever	Infective Encephalitis	Cerebro-spinal Meningitis	Small Pox	Tuberculosis	Kwashiorkor
January:													
European.....	Resident.....	—	—	4	2	—	1	—	1	1	—	1	—
	Imported.....	—	—	1	—	—	—	—	—	1	—	—	—
Non-European.....	Resident.....	2	—	1	1	—	—	—	—	1	1	68	58
	Imported.....	—	—	—	—	—	—	—	—	—	—	8	—
February:													
European.....	Resident.....	—	—	2	2	—	1	—	—	—	—	2	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	1	—
Non-European.....	Resident.....	9	—	—	2	2	—	—	—	—	—	51	35
	Imported.....	2	1	—	1	—	—	—	—	—	1	7	—
March:													
European.....	Resident.....	—	—	4	2	—	—	—	—	—	—	2	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	1	—
Non-European.....	Resident.....	5	—	1	7	1	—	—	1	—	1	58	22
	Imported.....	—	—	—	1	—	—	—	—	—	—	7	—
April:													
European.....	Resident.....	—	—	5	2	—	—	—	—	—	—	1	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	—	—
Non-European.....	Resident.....	3	—	1	3	1	—	—	—	—	—	36	25
	Imported.....	1	—	—	—	—	—	—	—	—	—	3	—
May:													
European.....	Resident.....	—	—	6	2	1	—	—	—	—	—	2	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	—	—
Non-European.....	Resident.....	3	—	—	2	—	1	—	—	—	—	48	48
	Imported.....	1	—	—	—	—	—	—	—	—	—	9	—
June:													
European.....	Resident.....	—	—	10	—	—	—	—	—	—	—	7	—
	Imported.....	2	—	—	—	—	—	—	—	—	—	1	—
Non-European.....	Resident.....	3	—	—	—	—	—	—	—	—	—	61	31
	Imported.....	—	—	—	—	—	—	—	—	—	—	6	—
July:													
European.....	Resident.....	1	—	3	3	—	—	—	1	1	—	5	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	1	—
Non-European.....	Resident.....	1	—	—	4	—	—	—	—	—	—	51	19
	Imported.....	—	—	—	—	—	—	—	—	—	—	5	—
August:													
European.....	Resident.....	—	—	9	—	—	—	—	—	3	—	4	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	2	—
Non-European.....	Resident.....	—	—	—	5	1	—	—	—	—	11	56	12
	Imported.....	—	—	—	—	—	—	—	—	—	—	5	—
September:													
European.....	Resident.....	—	—	7	—	—	—	—	—	—	—	7	—
	Imported.....	—	1	—	—	—	—	—	—	—	—	—	—
Non-European.....	Resident.....	3	—	—	1	—	—	—	—	—	9	117	14
	Imported.....	—	—	—	—	—	—	1	—	—	—	9	—
October:													
European.....	Resident.....	—	—	2	—	—	2	—	1	—	—	14	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	—	—
Non-European.....	Resident.....	—	—	—	1	—	—	—	1	—	—	74	35
	Imported.....	—	—	—	—	—	—	—	—	—	—	6	—
November:													
European.....	Resident.....	—	—	2	1	—	—	—	2	1	—	6	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	1	—
Non-European.....	Resident.....	1	—	—	2	1	—	—	—	—	—	74	19
	Imported.....	—	—	—	2	1	—	—	—	—	—	8	—
December:													
European.....	Resident.....	—	—	2	1	—	—	—	1	—	—	7	—
	Imported.....	—	—	—	—	—	—	—	—	—	—	—	—
Non-European.....	Resident.....	1	—	—	5	1	—	1	—	—	—	82	33
	Imported.....	—	—	—	1	—	—	—	—	—	—	5	—



STADSRAAD VAN PRETORIA

EEN-EN-SESTIGSTE
JAARVERSLAG

VAN DIE

Stadsgesondheidshoof

VIR DIE

JAAR EINDIGENDE 31/12/64

INHOUDSOPGAWE

INLEIDINGSBRIEF.....	3
----------------------	---

PERSONEEL: GESONDHEIDSAFDELING.....	12
-------------------------------------	----

HOOFSTUK I

Deel 1—KLIMAAT EN ANDER UITGAWES....	17	Deel 2—BEVOLKINGSTATISTIEK.....	18
Grootte van Munisipale gebied.....	17	Bevolking.....	18
Jaarlikse belasbare waardes.....	17	Geboortes.....	18
		Geboortesyfers.....	18
		Sterftes.....	19
		Sterftesyfers.....	19
		Kindersterftes.....	19
		Kindersterftesyfers.....	19
		Oorsake van dood.....	20
		Statistiese tabelle kyk hoofstuk XV.....	95

HOOFSTUK II. AANSTEEKLIKE SIEKTES.....	26
--	----

Tuberkulose.....	33	Kwasjiorkor.....	31
Tifoïde.....	26	Stafilokok-infeksies.....	32
Poliomiëlitis.....	27	Meningokkale meningitis.....	33
Skarlakenkoors.....	27	Ander aangemelde aansteeklike siektes.....	33
Difterie.....	27	Statistiese tabelle kyk hoofstuk XV.....	95
Pokkies.....	28		

HOOFSTUK III. HOSPITAAL VIR AANSTEEKLIKE SIEKTES

Geldelike reëlins.....	45	Pulmonêre tuberkulose.....	46
Gebiede wat bedien word.....	45	Duitse masels.....	46
Ambulansreëlins.....	45	Masels.....	47
Totale opnames.....	45	Kinkhoes.....	47
Poliomiëlitis.....	45	Epidemiese parotitis (pampoentjies).....	47
Difterie.....	45	Meningitis.....	47
Tifoïde.....	46	Waterpokkies.....	48
Skarlakenkoors.....	46	Ander opnames.....	48
		Opsomming.....	48

HOOFSTUK IV. VENERIESE SIEKTES

Dienste aan Blankes.....	49	Kliniekbesoeke.....	50
Dienste aan Nieblankes.....	49	Voorgeboortelike sifilisbehandeling.....	51

HOOFSTUK V. KINDERSORGWERKSAAMHEDE

Personeel.....	52	Kraamtoesig.....	55
Persele.....	52	Kleuterskole.....	55
Algemeen.....	52	Kliniekdienste vir Nieblankes—	
Blankekliniekdienste—		Huisbesoeke.....	55
Huisbesoeke.....	54	Kliniek bywonings.....	55
Kliniekbywonings.....	54	Voorgeboortelike klinieke.....	56
Voorgeboortelike klinieke.....	54	Bevallings deur vroedvroue waargeneem.....	56
Tandkliniekbehandeling (verwagte moeders).....	54	Immuniseringskliniek.....	56
Immuniseringsklinieke.....	54		

HOOFSTUK VI. PRETORIASE TANDKLINIEKE.....	57
---	----

HOOFSTUK VII. GENEESKUNDIGE ONDERSOEKE.....	58
---	----

HOOFSTUK VIII. SLAGPLAASWERKSAAMHEDE

Personeel.....	59	Totale afkeurings.....	62
Vee voorrade.....	59	Sistiserkose (masels).....	62
Nuwe slagplaas.....	59	Tuberkulose.....	62
Neweprodukte.....	60	Maselagtige karkasse wat in koel-bewaring behandel is.....	62
Siektes aangetref.....	60	Inspeksie van maselagtige karkasse (koelbewaring).....	63
Algemeen.....	61	Bloedsmere wat ondersoek is.....	63
Statistieke—		Ek wines afgekeur.....	63
Diere geslag.....	61	Afgekeurde pluimvee.....	63
Afgekeurde karkasse en organe.....	61	Verkoopte neweprodukte.....	63

HOOFSTUK IX. GESONDHEIDSINSPEKTEURS SE WERK

BLANKE GEBIEDE.....	65	Muskietbeheer... ..	77
Gelisensieerde persele.....	67	Inspeksie deur Distriksinspekteurs (statistieke)	77
Bouplanne wat ondersoek is.....	67	Slumopruimingsinspeksie.....	78
Vroeë-oggend en aand inspeksies.....	68	Verspreiding van slumeiendomme en geokku-	
Plaagbeheer-distriksinspeksies.....	68	peerde buitegeboue.....	78
Voedselseksie.....	69	Hofgedinge.. ..	79
Voedsel- en Watermonsters.....	70	Slopings en omskakelings van woonpersele.....	79
Skeikundige ontleding.....	71	Aansoeke na die Departement van behuising	
Bakteriologiese ontleding.....	71	verwys.....	79
Munisipale waterlewering.....	71	Statistieke.....	79
Munisipale mark.....	72	Kleuterskole, crèches, ens.....	80
Diverse inspeksies.....	72	NIEBLANKE GEBIEDE.....	81
Plaagbeheerseksie.....	75	Opmerkings oor dorpe onderskeidelik	80
Muskietbeheermaatreëls.....	75	Lady Selborne en Claremont.....	81
Knaagdierbeheer.....	75	Indiëdorp-Laudium.....	82
Vlieë-uitbroeiing.....	75	Kleurlingdorp-Eersterust.....	82
Kakkerlakke.....	77	Atteridgeville.....	81
Weeluise.....	77	Saulsville.....	81
Bilharzia.....	77	Mamelodi-Oos en Wes.....	81
Knaagdieruitroeiing... ..	77	Verslag deur die Bestuurder, Afdeling Nieblanke-	
		sake.....	81

HOOFSTUK X. BEHUISING EN REHABILITASIE VAN BLANKES

Algemene Behuisingstoestand.....	83	Diverse—	
Skemas wat uitgevoer word en wat voltooi is.....	83	Diverse Munisipale Eiendomme.....	83
Voorgestelde nuwe behuisingskemas.....	83	Ontwikkeling van Groepsgebiede.....	84
Huisbesitskemas.....	83	Ontleding van gesinne aan wie akkommodasie aan-	
Bestaande skemas.....	83	gebied is.....	84
		Opsomming van alle bestaande behuisingskemas.	84

HOOFSTUK XI. SUIWEL EN VEEARTSENYKUNDIGE BEHEER

Lisensies wat behandel is.....	85	Inspeksies.....	86
Ligging van persele.....	85	Melkerye.....	86
Melklewering.....	85	Melkdepots.....	86
Vervoer van melk.....	85	Verspreiding, Straat, ens.....	86
Berekende daaglikse verbruik.....	85	Kudde-inspeksies... ..	86
Verspreiding van melk-daaglik.		Melktoetse.....	87
Personeel werksaam in die melk bedryf.....	86	Vervolgings.....	88
Die toets van werknemers in die melkbedryf vir		Algemene Opmerkings.....	88
Tifoïde.....	86	Dierskutte.....	89

HOOFSTUK XII. WATERTOEOVOER..... 90

HOOFSTUK XIII. RIOOLWATERSUIWERINGSWERKE EN SKEIKUNDIGE LABORATORIUMS

Rioolwaterafvoer.....	91	Ontleding van riool-, rivier- en dam- Gemiddelde	
Uitvloeiisel na die Kragentrale.....	91	resultate.....	92
Verteerde slyk, Daspoort-rioolwaterwerke.....	91	Gemiddelde resultate van ontleding van rioolwater-	
Vodde en grint-Daspoort-rioolwerke.....	91	uitvloeiisel van die verskillende eenhede.....	92
Rooiwal-rioolwaterwerke.....	91	Resultate van slykontleding.....	92
Laboratoriumdienste.....	92	Rypingsdamme.....	93

HOOFSTUK XIV. GENEESKUNDIGE DIENSTE VIR NIEBLANKES..... 94

Klinieke gehou.....	94	Kliniese opgawes.....	94
---------------------	----	-----------------------	----

HOOFSTUK XV. STATISTIESE TABELLE..... 95

Inleidingsbrief

U EDELAGBARE DIE BURGEMEESTER

en LEDE VAN DIE STADSRAAD VAN PRETORIA,

Ek het die eer om die Een-en-sestigste Gesondheidsverslag van die Stad Pretoria voor te lê.

Aangesien ek aan die einde van die onderhawige tydvak dertig jaar diens in hierdie Afdeling agter die rug het, het ek gemeen dat dit belangwekkend sou wees om die geskiedenis daarvan gedurende dié tydperk kortliks weer te gee.

In 1934 is ek tot Assistent-stadsgesondheidshoof benoem en in 1936 het ek die Stadsgesondheidshoof geword.

BEVOLKING

Die onderstaande tabel toon die toename in bevolking oor tienjaar-tydperke, met inbegrip van 'n laaste syfer soos op 1 Julie 1964:

	<i>Blankes</i>	<i>Asiate</i>	<i>Kleurlinge</i>	<i>Bantoes</i>
1934	57,500	2,200	2,500	27,800
1944	109,400	3,300	3,300	38,400
1954	139,300	6,200	5,300	92,300
1964	172,000	8,000	5,000	198,800
1 Julie 1964*	235,000	9,000	9,000	254,000

* Dit is die bevolkingsyfers na inlywing van 'n groot gebied om Pretoria.

Die Bantoebevolkingsyfer toon 'n toename van 38,400 tot 92,300 van die jaar 1944 tot 1954. Meer as 40,000 hiervan is te wyte aan die inlywing van die aanliggende dorp Hercules. Tussen die jare 1954 tot 1964 was daar weer 'n groot toename in die Bantoebevolking.

Dit was omdat baie Bantoes gedurende daardie jare van die platteland af gekom en hulle in die gebiede buite Pretoria, veral Mooiplaas en Eersterust, gevestig het. Almal van hulle is later verwyder na die Bantoeedorpe Atteridgeville en Mamelodi wat binne die munisipale gebied van Pretoria geleë is en waar uitgebreide behuisingskemas aan die gang was.

Noudat dit nie langer vir Bantoes moontlik is om hulle na willekeur in die buitestedelike gebiede van die nuwe groter Pretoria te vestig nie en weens beheer van die toestroming van Bantoes in die stad, word daar nie weer so 'n toename in die Bantoebevolking in die toekoms verwag nie. Dit is moeilik om te skat wat die toename sal wees want daar hang soveel van toekomstige beleid van die Staat en die plaaslike owerheid af.

Onder die Asiate en Kleurlinge het die bevolkingsyfers, afgesien van natuurlike aanwas, taamlik staties gebly.

Onder die Blankes was daar 'n groot styging in die bevolkingsyfers. Van 1934 tot 1944 het die bevolking feitlik verdubbel en van 1944 tot 1954 was daar 'n toename van sowat 30,000. Hierdie toenametempo is van 1954 tot 1964 volgehou. Afgesien van die buitengewone styging vanweë inlywing op 1 Julie 1964 wil dit voorkom dat, indien dieselfde toenametempo volgehou word, die Blankebevolking gedurende die volgende 30-40 jaar moontlik kan verdriedubbel en dat daar by die oorgang tot die volgende eeu maklik sowat 700,000 Blankes in Pretoria kan woon. (Die totale bevolking kan dan ver oor 'n miljoen beloop.)

Hierdie faktore met betrekking tot bevolkingsyfers moet wel deeglik in gedagte gehou word deur diegene wat nou verantwoordelik is vir die beplanning van die toekoms van hierdie stad.

GEBOORTESYFERS:

Hier volg 'n tabel van die geboortesyfers oor tienjaartydperke:

<i>Jaar</i>	<i>Blankes</i>	<i>Asiate</i>	<i>Kleurlinge</i>	<i>Bantoes</i>
1934	24.50	52.21	37.60	8.74
1944	27.43	60.00	29.70	8.88
1954	27.44	37.26	36.42	31.73
1964	25.06	22.50	28.40	33.20

Daar is skaars 'n verandering in die Blanke-geboortesyfer. Die syfers vir Asiate en Kleurlinge is onbeduidend omdat die totale bevolking van hierdie groepe te klein is. Die syfers vir die Bantoes toon egter 'n baie groot toename. Dit moet egter nie verkeerd vertolk word nie want die geboortesyfer het nie eintlik gestyg nie; wat wel gebeur het, is dat die aangifte van geboortes verbeter het en dat die Bantoegeboortesyfer van 33.20 vir 1964 waarskynlik juis en moontlik ietwat aan die lae kant is.

STERFTESYFERS:

Jaar	Blankes	Asiate	Kleurlinge	Bantoes
1934	8.59	19.55	25.20	13.95
1944	6.89	13.64	15.45	10.47
1954	6.84	6.94	16.04	10.73
1964	7.35	5.55	11.40	10.84

Hierdie tabel toon weinig verandering in die sterftesyfers onder Blankes. Weer is die syfers vir Asiate en Kleurlinge onbeduidend vanweë die klein getalle. Daar is 'n definitiewe afname in die Bantoesyfer.

DIE VYF VERNAAMSTE DOODOORSAKE:**Blankes: (vyf jaar en ouer)**

1944	1954	1964
1. Siektes van bloedsomloopstelsel..... 179	1. Bloedsomloopstelsel.. 256	1. Hartkwaal..... 389
2. Siektes van senuweestelsel..... 82	2. Kanker- en ander gewasse..... 132	2. Bronchitis en pneumonie..... 145
3. Kwaadaardige en ander gewasse..... 78	3. Asemhalingstelsel.... 108	3. Kanker..... 132
4. Siektes van asemhalingstelsel..... 47	4. Senuweestelsel..... 101	4. Beroerte..... 75
5. Nie-veneriese siektes van geslagsurinêre stelsel en omliggende dele..... 36	5. Ongelukke..... 51	5. Ongelukke..... 52

Nieblankes: (5 jaar en ouer)

1944	1954	1964
1. Aansteeklike en parasitiese siektes..... 51	1. Siektes van asemhalingstelsel..... 76	1. Siektes van asemhalingstelsel..... 252
2. Ongelukke..... 43	2. Aansteeklike en parasitiese siektes..... 59	2. Siektes van bloedsomloopstelsel..... 172
3. Siektes van asemhalingstelsel..... 39	3. Siektes van bloedsomloopstelsel..... 56	3. Ongelukke..... 132
4. Siektes van bloedsomloopstelsel..... 32	4. Kanker en ander gewasse..... 34	4. Senuweestelsel..... 77
5. Selfmoord en doodslag.. 22	5. Siektes van spysverteringstelsel..... 33	5. Kanker..... 72

In 1934 is die sterftes nie noukeurig geklassifiseer nie en derhalwe neem ek slegs syfers van 1944 af.

Uit hierdie twee tabelle sal opgemerk word dat siektes van die bloedsomloopstelsel nog altyd die grootste oorsaak van sterftes onder Blankes was. In 1944 was siektes van die senuweestelsel tweede, in 1954 was dit kanker en ander gewasse en in 1964 het bronchitis en pneumonie die tweede plek ingeneem.

Onder Nieblankes het parasitiese siektes in 1944 die grootste aantal sterftes veroorsaak en in 1954 en 1964 was siektes van die asemhalingstelsel boaan die lys.

Dit is interessant om te let op die verskil tussen die vernaamste oorsake van sterftes by Blankes en Nieblankes.

Die onderstaande tabel toon die aantal sterfgevälle en die voorkomssyfer per honderdduisend van die bevolking vir Blankes en Nieblankes van hartkwaal en kanker:—

VOORKOMSSYFER VAN HARTKWAAL EN KANKER VIR BLANKES EN NIE-BLANKES PER 100,000 VAN DIE BEVOLKING.

	Blankes		Nieblankes	
	Hartkwaal	Kanker	Hartkwaal	Kanker
1934	111.3	60.8	98.5	27.6
1944	149.1	68.5	71.1	24.4
1954	151.0	94.0	51.1	35.6
1964	226.2	76.7	80.7	37.7

Sterftes aan hartkwaal by Blankes het toegeneem van 111.3 per 100,000 in 1934 tot 226.2 in 1964, terwyl dit by Nieblankes inderdaad van 98.5 in 1934 tot 80.7 in 1964 gedaal het.

Die kankersyfer vir Blankes het gestyg van 61 in 1934 tot 80 in 1964 en onder Nieblankes het dit van 24 tot 31 per 100,000 van die bevolking gestyg—na verhouding 'n soortgelyke toename.

Nog 'n interessante faktor is dat die voorkomssyfer vir beide hartkwaal en kanker onder Nieblankes veel laer as onder Blankes is. Dit is welbekend dat kroonaartrombose baie selde onder Bantoes voorkom.

KINDERSTERFTESYFER:

Jaar	Blankes	Asiate	Kleurlinge	Bantoes
1934	68.13	121.74	244.68	621.4
1944	47.94	70.71	204.08	304.99
1954	35.57	82.25	145.08	125.98
1964	30.39	61.11	77.46	91.67

Die kindersterftesyfer word as dié aanduiding van algemene gesondheidstoestande beskou. Weer kan die syfers vir Asiate en Kleurlinge weens die klein getalle buite rekening gelaat word maar daar is 'n aansienlike daling in die kindersterftesyfer vir Blankes van 68.13 in 1934 tot 30.39 in 1964. Vir Bantoes sien ons 'n fantastiese dalende neiging van 621.4 in 1934 tot 91.67 in 1964. Hierdie syfer van 91.67 moet seker onder die laagste vir Nieblankes op die hele vasteland van Afrika wees en dit vergelyk goed met soortgelyke sosio-ekonomiese groepe in enige ander deel van die wêreld. Die afname is egter nie so groot as wat uit die syfers blyk nie. Die vroeër syfers was nie akkuraat nie omdat die geboortes nie almal geregistreer is nie terwyl die sterftes geregistreer moes word ten einde 'n begrawingsertifikaat te verkry.

Dit is onmoontlik om te raai wat die werklike syfers in die vroeë dae was, maar dit ly geen twyfel nie dat dit minstens dubbel soveel as vandag s'n was. Die huidige syfer is taamlik juis en die werklike syfer is eintlik ietwat laer.

MOEDER- EN KINDERSORG

In 1934 was daar slegs vyf gesondheidsbesoeksters. 'n Gedeelte van die kindersorg is deur die Adjunk-stadsgesondheidshoof gedoen en twee deeltydse geneeshere het by die verskillende kindersorgklinieke en voorgeboorteklinieke diens gedoen. Slegs vyf kindersorgklinieke en een voorgeboortekliniek is destyds elke week gehou.

Die eerste voltydse Geneeskundige Beampte in beheer van Moeder- en Kindersorgdienste is gedurende 1946 aangestel. Teen hierdie tyd het die personeel aangegroei tot 11 Blanke gesondheidsbesoeksters en 9 Nieblanke verpleegsters en die aantal klinieke het tot 18 vir Blankes en 8 vir Nieblankes vermeerder.

In 1951 is daar nog 'n voltydse Geneeskundige Beampte aangestel vir kindersorgwerk en die personeel het aangegroei tot 17 Blanke gesondheidsbesoeksters en 12 Nieblanke verpleegsters met 5 Nieblanke kliniekhulpers. Die totale aantal klinieke was 28 vir Blankes en 8 vir Nieblankes. In Mei 1951 is die polikliniek vir Bantoes te Atteridgeville geopen. Hierdie kliniek is nog een van die beste in sy soort op die vasteland van Afrika.

Aldus het die dienste van hierdie seksie vermeerder totdat daar nou in hierdie verslagjaar 6 voltydse geneeskundige beamptes in hierdie seksie werkzaam is. Daar is nou 29 kindersorgklinieke en drie voorgeboorteklinieke vir Blankes deur die stad versprei en 5 kindersorg- en 5 voorgeboorteklinieke vir Nieblankes. Die totale aantal pasiënte wat nou hierdie klinieke besoek, is 37,982 Blankes by kindersorgklinieke, 2,538 by voorgeboorteklinieke, 100,179 Nieblankes by kindersorgklinieke en 34,598 Nieblankes by voorgeboorteklinieke.

TUBERKULOSE

Die verhaal van tuberkulose is baie interessant. In 1934 was daar 42 aanmeldings onder Blankes en 37 onder Nieblankes. Ons het destyds tuberkuloseklinieke vir Blankes en vir Nieblankes gehad en hoewel ons die kontakgevalle van werklike gevalle opgevolg het, is daar baie weinig met betrekking tot die opspoor van gevalle gedoen.

Die rede hiervoor was dat behandeling van tuberkulose destyds feitlik net uit rus in die bed en voeding bestaan het. Dit het hospitaalbehandeling beteken en ons het eenvoudig nie die beddens gehad om selfs 'n klein persentasie van die gevalle op te neem nie en wanneer ons meer gevalle opgespoor het, was dit onmoontlik om hulle te isoleer weens gebrek aan hospitaalbeddens. Ek het destyds twee mobiele eenhede ontwerp wat in die werwe van pasiënte geplaas kon word om as isoleringshuisvesting te dien. Dit het in 'n mate gehelp, maar daar was baie moeilikhede daaraan verbonde en die aantal kon nie vermeerder word nie. Namate die bevolking toegeneem het, het die aantal aangemelde gevalle toegeneem, maar net in geringe mate. Dit het tot 1950 voortgeduur toe die totale aantal aangemelde Blanke gevalle 32 was en die Nieblankes 94.

Net omtrent daardie tyd het die Suid-Afrikaanse Nasionale Tuberkulosevereniging (S.A.N.T.A.) 'n landswye veldtog begin om fondse in te samel om tuberkulose te beveg. Hul pogings is met welslae bekroon en in 1951 het hulle begin om hospitale dwarsdeur die Republiek te bou. Die eerste S.A.N.T.A.-hospitaal met 110 beddens is in 1950 in Pretoria gebou. Toe was ons in staat om gevalle op te spoor want ons kon hulle nie net hier in Pretoria isoleer nie, maar ook in S.A.N.T.A.-sentrus elders.

S.A.N.T.A. het nou ongeveer agtduisend beddens dwardeur die Republiek beskikbaar gestel. Terselfdertyd het die Staat ook begin om nuwe tuberkulosehospitale te bou en om oues uit te brei.

Een van die grootste hulpmiddels in ons stryd teen tuberkulose was toe private ondernemings ook 'n groot aantal tuberkulosebeddens ingestel het, met goedkeuring van die Staat. Hierdie hospitale is goed toegerus, met genoegsame personeel, en het uitstekende deskundige behandeling teen baie redelike tariewe gebied. Hierna was daar nie meer 'n tekort aan beddens nie.

Al hierdie aanmoediging het die gevolg gehad dat die opgespoorde Nieblanke gevalle een jaar later van 94 tot 227 vermeerder het.

In 1950-51 is I.N.H. en P.A.S. vir die eerste keer gebruik. Hierdie spesifieke geneesmiddels was so uiters geslaagd by die behandeling van tuberkulose dat ons verdere gevalle kon opspoor,

hulle hospitaal toe stuur en so gou moontlik weer huis toe, waar die behandeling opgevolg kon word.

Aldus het die opvolgingsdiens, opsporing van kontakgevalle en soek na nuwe gevalle van jaar tot jaar gevorder, totdat die aantal nuwe Nieblanke gevalle hierdie jaar 741 beloop het.

Hierdie hoë voorkomssyfer van 741 vir Pretoria, wat beskou word om 'n lae tuberkulosesyfer te hê, is nie daaraan toe te skryf dat die gevalle toegeneem het nie. Ek twyfel nie daaraan nie dat as al die gevalle in 1934 opgespoor kon word, die aantal aanmeldings na verhouding volgens die bevolking dieselfde sou wees as in 1964. Inderdaad sou dit selfs hoër wees, maar as gevolg van ons geriewe vir hospitaalopneming en behandeling, kon ons ons pogings om gevalle op te spoor, verhoog. Afgesien hiervan het die Bantoes, vir wie die diagnose van tuberkulose voor die koms van hierdie spesifieke geneesmiddels feitlik altyd dieselfde as 'n doodvonnis was, nou begin besef dat as hulle vroegtydig behandel word, hulle na alle waarskynlikheid heeltemal sal herstel. Dit het tot gevolg gehad dat baie meer Bantoes hulle vir ondersoek aangemeld het. Bowendien was ons steeds besig om alle seksies van die bevolking met betrekking tot tuberkulose op te voed.

Onderstaande syfers toon die verskil tussen die aantal gevalle in die jare wat ek genoem het en die sterftesyfer per 100,000 van die bevolking. Dit staaf bogenoemde bewering en toon ook hoe moderne behandeling en vroeër diagnose die kanse op herstel verbeter het.

	Blankes		Nieblankes	
	Aantal gevalle aangemeld	Sterftes per 100,000 van bevolking	Aantal gevalle aangemeld	Sterftes per 100,000 van bevolking
1934	40	24.35	37	73.84
1950	32	11.36	94	72.97
1951	35	9.74	227	109.80
1964	42	2.32	741	13.22

Ten spyte van die toename in die aantal aangemelde gevalle merk ons 'n treffende daling in die sterftesyfer, wat byna ongelooflik is. Dit het gebeur nadat I.N.H. en P.A.S. vir die eerste keer in 1950-1951 in gebruik geneem is. Gelukkig het daar terselfdertyd ook meer hospitaalbeddens beskikbaar geword.

Ek is oortuig daarvan dat namate ons in die toekoms ons huidige dienste uitbrei die voorkoms en sterftesyfer van tuberkulose nog verder sal daal.

Die Blanke gevallekoers het staties gebly omdat die voorkoms onder Blankes laag is en die syfer vir Blankes in 1964 is min of meer dieselfde as in 1934 ten spyte van die toename in die bevolking omdat ons reeds vroeg al voldoende hospitaalbeddens vir Blankes gehad het.

Blankes het hulle ook by 'n vroeë stadium van die siekte vir behandeling aangemeld, terwyl die meeste van ons Bantoeaanmeldings destyds by afsterwing of in 'n gevorderde stadium van die siekte geskied het.

In 1960 is 'n massa-miniatuur-X-straal-apparaat aangekoop en baie duisende gevalle, kontakgevalle, verdagte gevalle en ander gevalle is in klein opnames met X-strale ondersoek. Ons oorweeg dit nou om nog 'n massa-miniatuur-X-straal-apparaat aan te koop waarmee alle nuwe werknemers wat by die toestromingsbeheerkantoor registreer, ondersoek sal word.

Dit is verbasend hoeveel gevalle op dié manier opgespoor word.

In 1963 het ons ook aktief begin met die toediening van B.C.G.-entstof en ons hoop om hierdie diens uit te brei om binne afsienbare tyd die hele bevolking te dek.

POLIOMIËLITIS.

Ek het die voorreg gehad om sedert sy instelling in die Tegniese Raadgewende Komitee van die die Poliomiëlitisnavorsingstigting en in die komitee wat die Minister van Gesondheid oor virologie adviseer, te dien.

Ek het ook die eerste vyf internasionale kongresse oor poliomiëlitis bygewoon. Die eerste een was in 1948 in New York, die tweede in 1951 in Copenhagen, die derde in Rome in 1954, die vierde in Genève in 1957 en die vyfde weer in Copenhagen in 1960. Derhalwe het ek meer as gewone belangstelling vir die ontwikkeling van poliomiëlitisentstof en die toediening van massa-immunisering gehad. Vroeër jare was die voorkoms van poliomiëlitis betreklik laag. Onder Nieblankes is dit feitlik nooit aangemeld nie. In 1934 was daar slegs 10 Blanke gevalle en geen Nieblanke gevalle nie. Hierdie syfer het geleidelik gestyg totdat ons in 1948 69 Blanke gevalle en 4 Nieblanke gevalle en in 1957, 65 Blanke gevalle en 15 Nieblanke gevalle gehad het. Sedert ons massa-immuniseringveldtogte het ons egter nie 'n enkele Blanke geval van 1962 af gehad nie en daar was slegs 8 Nieblanke gevalle waarvan geeneen geïmmuniseer was nie. Ek is seker dat as ons ons immuniseringskoers hoog kan hou, ons poliomiëlitis sal uitroei en ons moet hiervan seker maak. In my jaarverslag van 1961 het ek soos volg geskryf:—

„Daar is een belangrike faktor wat ons altyd in gedagte moet hou in verband met massa-immunisering teen poliomiëlitis met die lewende verswakte virus; dit sal die kwaadaardige virusse van poliomiëlitis uit die algemene bevolking verwyder of tot 'n minimum beperk. Dit is alles voordelig omdat poliomiëlitis aldus uitgeskakel sal word. Maar dit sal ook die aantal mense in die algemene bevolking verminder wat normaalweg natuurlike immuniteit sou ontwikkel, aangesien die normale voorkoms van die virus in die algemene bevolking sal verdwyn, omdat hierdie virusse in die ingewandskanaal van persone wat met lewende virusse geïmmuniseer is, vernietig word en nie uitgeskei word nie. Aldus sal ons binne 'n paar jaar tyd in 'n behoorlik geïmmuniseerde bevolking, baie weinig natuurlike immuniteit hê. Dit maak dit vir ons verpligtend om toe te sien dat alle pasgebore kinders geïmmuniseer word wanneer hulle ongeveer drie maande oud is. As dit nie gedoen

word nie, mag ons bevind dat ons 'n nuwe jong hoogs vatbare bevolking het wat noodlottige gevolge sou hê indien daar 'n poliomiëlitisepidemie sou uitbreek. As ons hierdie immuniseringsmiddel gaan gebruik, en ek sê ons moet, dan word dit ons plig om seker te maak dat alle pasgebore kinders insgelyks beskerm word.

Hoewel daar deur voortdurende publisiteit 'n redelike mate van sukses in hierdie rigting verkry sal kan word, is my gevoel oor hierdie aangeleentheid so sterk dat ek by die Raadgewende Komitee oor Virologie van die Minister van Gesondheid aanbeveel het dat immunisering van kinders met hierdie entstof, verpligtend gemaak moet word."

Met genoeg kan ek meld dat die Minister sedertdien dit gedoen het.

DIFTERIE:

In 1934 was daar 48 Blanke gevalle en een Nieblanke geval. Hierdie syfer het geleidelik gestyg totdat daar in 1942 107 Blankes en 5 Nieblanke gevalle was. Deur die jare was die voorkoms onder Nieblankes betreklik laag. Vanaf 1934 tot 1944 was die gemiddelde vir die 10 jaar vyf gevalle per jaar. Vanaf 1950 het dit gestyg en die gemiddelde jaarlikse syfer vanaf 1950 tot 1960 onder Nieblankes was 56. Dit is moeilik om hierdie styging in die syfer vir Nieblankes te verklaar, behalwe dat daar vermoed word dat die draerkoers onder die Bantoes toegeneem het of dat meer gevalle onder ons aandag gekom het. Dit is interessant om daarop te let dat die syfer vir Blankes gedurende daardie tydperk ook taamlik hoog gebly het; inderdaad was daar 'n uitbreking van difterie in 1954 toe daar 102 Blanke gevalle was.

Die grootste aantal wat in een jaar aangeteken is, is die 107 Blanke gevalle waarna hierbo verwys is. Eienaardig genoeg is daar gedurende genoemde jaar slegs 5 Nieblanke gevalle aangemeld. In nabetragting wonder 'n mens of daar nie destyds iets meer gedoen moes gewees het om hierdie eienaardige epidemiologiese verskynsel te bestudeer nie.

Namate beide die Blanke en die Nieblanke bevolking egter meer en meer deur immunisering teen difterie beskerm geword het, het ons syfers afgeneem en in 1964 was daar slegs 13 Blanke gevalle en 30 Nieblanke gevalle, ten spyte van die bevolkingstoename. Byna al hierdie gevalle is nie geïmmuniseer nie en 'n paar wat die siekte opgedoen het en wat voorheen geïmmuniseer is, het baie ligte aanvalle gehad. Inderdaad kan ek my nie herinner van enige noodlottige geval van difterie in Pretoria by 'n persoon wat op die regte wyse geïmmuniseer is nie.

Desnieteenstaande is ek, wat Difterie betref, nie oortuig daarvan dat die publiek goed genoeg reageer op ons herhaalde versoeke om hul kinders teen hierdie baie ernstige siekte te beskerm nie, aangesien ons so 'n doelmatige en veilige immunisering daarteen het. Dis 'n ongelukkige verskynsel dat sodra die aantal gevalle verminder, die ouers nalatig en onverskillig word.

TIFOÏDE:

Dit is nog 'n siekte wat deur 'n verbetering in sanitasie en gesondheidstoestande onder beheer gebring is. In 1934 het ons 110 Blanke gevalle en 66 Nieblanke gevalle gehad. Hierdie syfer het jaar vir jaar afgeneem. Dit het slegs gestyg met die inlywing van nuwe gebiede waar die sanitasie en algemene gesondheidstoestande nie so goed was soos dié van Pretoria nie, maar 'n paar jaar na inlywing is die syfers weer afgebring en in 1964 was daar geen gevalle van tifoïde onder Blankes nie en 29 onder Nieblankes.

SKARLAKENKOORS:

Die voorkoms van skarlakenkoors het aansienlik afgeneem. Tussen die jare 1934 en 1958 is daar altyd jaarliks meer as 100 gevalle aangemeld en in talle jare was daar tussen 200 en 300 gevalle. In 1942 was daar 'n baie groot epidemie met 780 gevalle. Tweehonderd nege-en-dertig van hierdie gevalle is na die hospitaal geneem en 541 is tuis behandel. In die afgelope ses jaar het die voorkoms tot heelwat onder 100 per jaar gedaal. In 1963 het ons slegs 32 gevalle gehad en in 1964 is 47 gevalle aangemeld. Die laagste voorkoms van hierdie siekte was in 1961, toe ons slegs sewe gevalle gehad het.

Vroeër jare was skarlakenkoors 'n ernstige siekte. Vandag is dit een van die ligste van ons aansteeklike siektes. Hierdie verandering in die kwaadaardigheid van die organisme wat skarlakenkoors veroorsaak, is een van daardie eienaardige epidemiologiese gebeurtenisse waarvoor ons geen verklaring het nie.

MALARIA:

Tot in 1947 het malaria nog in Pretoria voorgekom. In 1936 is 31 gevalle wat plaaslik opgedoen is, aangemeld; in 1939, 28 en in 1942, 30. Sedert 1947 het ons slegs een geval gehad wat plaaslik opgedoen is en dit was in 1957. Hierdie geval het langs die Lourenco Marquesspoorweg voorgekom en daar word vermoed dat dit moontlik veroorsaak is deur 'n muskiet wat saam met die trein gekom het. Die spoorwegowerhede bespuit hul treine baie deeglik en deur die jare heen het ons nooit ondervind dat 'n besmette muskiet per spoor ingekom het nie, maar dit is natuurlik moontlik dat 'n enkele muskiet die bespuiting kon oorleef het. Dit kon selfs binne in 'n tas gewees het en die tas kon oopgemaak geword het, voordat die trein by die Pretoriastasie aangekom het. Daar kan nou aangeneem word dat malaria nie meer in Pretoria voorkom nie.

By die bespreking van malaria is dit interessant om daarop te let dat ek in my 1938/1939-jaarverslag soos volg gekonstateer het:—

„Larwes van *Aedes Argentes* (draer van Geelkoors) is gevang. Uit hierdie vangste en ook uit insekte wat voorheen by Onderstepoort en Voortrekkerhoogte aangemeld is, is dit duidelik dat *Aedes Argentes* goed gevestig is in Pretoria en omgewing. As die verwoesting wat tans in Suid-

Amerika deur A. Costalis, wat inheems in die vasteland van Afrika is, veroorsaak word, en wat op meganiese wyse uit Wes-Afrika in Suid-Amerika ingevoer is, in gedagte gehou word, kan 'n mens nie die moontlikheid, hoe gering dit ook al mag skyn, oor die hoof sien dat ons Aëdes besmet kan word deur menslike gevalle van geelkoors wat deur vliegtuie ingevoer word en 'n verspreiding van hierdie siekte kan veroorsaak, soortgelyk aan die verspreiding van malaria in Brasilië. In vredestryd is die risiko nie 'n bedreiging nie, aangesien vliegtuie verplig is om by antigeelkoors-lughawens te land, waar isoleringsgeriewe verskaf word en voorbehoedmaatreëls getref word. Die gevaar lê egter daarin dat militêre vliegtuie nie aan sulke beperkings onderworpe is nie en in oorlogstyd sou daar 'n moontlikheid bestaan dat geelkoors in Pretoria 'n houvas kan kry. Noudat anti-malariamaatreëls goed gevestig is, sal dit moontlik wees om meer tyd aan die geelkoorsvraagstuk te bestee en dit word volgende seisoen beoog."

Kort nadat ek hierdie verslag geskryf het, het die tweede wêreldoorlog begin en hierdie gevaar, waarna ek verwys het, het dreigend geword omdat die grootste militêre vliegvelde op die grense van Pretoria geleë is. Kort na die uitbreking van die oorlog het ek aangesluit en is kort daarna as Direkteur van Higiëne aangestel. Ek was dadelik in staat om die instelling van maatreëls ter voorkoming van die moontlikheid van die verspreiding van geelkoors en ander siektes wat deur insekte oorgedra word, aan te beveel.

OOGONTSTEKING BY PASGEBORENES:

Elke jaar tot 1953 het hierdie oogaandoening van pasgeborenes slegs in geringe getalle voorgekom. Sedert daardie datum is daar slegs een geval, 'n Nieblanke aangemeld. Hierdie siekte is ook onder beheer gebring. Dieselfde geld vir tragoom. Sedert 1951 het ons slegs twee Nieblanke gevalle gehad.

STAFILOKOKINFEKSIE:

Op 20 Oktober 1961 het die Minister van Gesondheid ingestem dat dit 'n aanmeldbare aansteeklike siekte by moeders en pasgebore babas in die stad Pretoria word. Dit het beteken dat alle gevalle of verdagte gevalle in verpleeginrigtings onmiddellik aan die Afdeling berig moes word. Sover ek weet, is Pretoria die enigste plek waar dit 'n aanmeldbare aansteeklike siekte geword het. Die afkondiging van hierdie wetgewing het ons nie net gehelp om stafilokokinfeksie te beheer nie, maar het ook die persone wat in beheer is van die inrigtings, bewus gemaak van die moontlikhede en gevare van hierdie siekte. Die gevolg was baie beter algemene beheermaatreëls teen infeksies.

SLAGPLASE:

In Pretoria is die Stadsgesondheidshoof nog die Direkteur van Slagplase.

In 1934 is daar beskou dat ons slagplaas baie doeltreffend is. Byna 34,000 vee-eenhede kon maklik daar gehanteer word. In 1964 het hierdie getal tot byna 131,000 gestyg. Wat in 1935 'n doeltreffende slagplaas was, het nou verouderd, onvoldoende en hoogs onbevredigend geword. Dit is nie die skuld van die Stadsraad nie, want jare lank reeds word die bou van 'n nuwe slagplaas beoog, maar weens moeilikhede buite beheer van die Raad, is die aangeleentheid van jaar tot jaar uitgestel. Dit is verblydend om te meld dat die betrokke owerhede eindelijk tot 'n besluit gekom het aangaande die toekoms van slagplase in die Republiek en daar word vertrou dat binnekort 'n aanvang gemaak sal word met die bou van 'n nuwe slagplaas.

MELKERYSEKSIE:

In 1934 is 70 produsente by die Stadsraad Pretoria geregistreer. In 1964 het hierdie getal tot nie minder as 496 gestyg.

In 1934 was daar 40 verspreidingsdepots en nou is daar 118.

In 1934 is 6,000 gelling melk daaglik in Pretoria verbruik deur 'n totale bevolking van ongeveer 90,000. Hierdie gellingmaat is van ongeveer 3,300 koeie verkry. Vir die volgende 30 jaar was daar 'n geleidelike toename in produksie, aantal koeie en verbruik. Aan die end van 1964 het die produksie 30,800 gellings melk daaglik bedra wat van ongeveer 24,000 melkkoeie verkry is.

Vroeg in die vyftigerjare het ek 'n veldtog vir die verpligte pasteurisering van melk van stapel gestuur. Eers was baie mense gekant teen verpligte pasteurisering en die meeste van die melkery-handelaars was daarteen. Dit het jare van opvoeding, propaganda en oorreding geneem om die groot meerderheid van alle seksies van my mening te laat word. Toe is verordeninge opgestel en aan die Provinsiale Administrasie vir goedkeuring voorgelê. Besware teen die afkondiging van hierdie verordeninge is regstreeks by die Provinsiale Administrasie ingedien. Jaar na jaar was daar vertraginge en slegs na voortdurende aandrang het die Provinsiale Administrasie besluit om 'n spesiale Kommissie van Ondersoek na die noodsaaklikheid van sodanige wetgewing aan te stel. Hierdie Kommissie het eenparig die afkondiging van die verordeninge gesteun en een van die hoogtepunte in die geskiedenis van melkaflewering in Pretoria was in Januarie 1962, toe die verkoop van net gepasteuriseerde melk verpligtend geword het.

Die oorskakeling, wat volgens talryke menings tot chaos, ontbering en ontwrigting sou lei, is skaars opgemerk.

Ons eerste Veeartsenykundige Beampte is in 1935 aangestel en vandag is daar drie voltydse Veeartsenykundige Beamptes in die personeel, een voltyds by die slagplaas en die ander voltyds by melkbeheer.

In 1934 was daar een melkeryinspekteur in die personeel en vandag is daar vier — een Toesighoudende Gesondheidsinspekteur en drie Melkeryinspekteurs.

GESONDHEIDSINSPEKTORAAT (SANITASIE)

In 1934 was daar 13 gesondheidsinspekteurs. Vandag het die Afdeling 'n personeelsterkte van 46 Blanke en 6 Nieblanke gesondheidsinspekteurs.

Gedurende die jaar 1934 was die totale getal inspeksies wat deur gesondheidsinspekteurs verrig is, 54,665, en vir die jaar geëindig 1964 was die getal 122,421.

Gedurende Desember 1949 het die Voortrekkermonumentfeesvierings in Pretoria plaasgevind. Mense het uit alle oorde van die Republiek gekom om hierdie funksie by te woon. Die hotels en losieshuise was tot oorloopen toe vol en groot getalle besoekers het in private huise gewoon. Eenhonderdduisend mense het vir 'n week by die Voortrekkermonumentterrein gekampeer en die Afdeling moes voorsiening maak vir watervoorrade, wasgeriewe, sanitêre dienste, vuilgoedverwydering en eerstehulpdienste. Die verskaffing van al hierdie geriewe het 'n ontsaglike beplanning en organisasie vereis en in die lêers van die Afdeling is daar 'n volledige beskrywing van hoe die hele skema beplan is, hoe dit gewerk het en besonderhede van die hele organisasie van begin tot end. Die reëlins was so bevredigend dat daar geen onderbreking in enigeen van die dienste was nie, dat daar geen uitbreking van enige siekte weens die kamptoestande was nie en dat daar geen latere uitbreking van enige siektes was wat aan die bywoning van die vierings toegeskryf kon word nie.

Die dokument waarin al die reëlins omskryf word, behoort van groot nut te wees vir enige sodanige skemas in die toekoms.

BEHUISING VAN BLANKES:

In 1934 was daar 25 munisipale subekonomiese huise in Pretoria-Wes en Nieu-Muckleneuk.

Ons eerste skema daarna het in 1937 begin toe 100 subekonomiese huise in Rietfontein, Wonderboomsuid, Villieria, Mayville en Proclamation Hill gebou is.

Byna elke jaar, behalwe die oorlogsjare, is meer en meer munisipale huise gebou totdat die totaal in 1964 tot 1,761 behuisingseenhede, bestaande uit ekonomiese en subekonomiese huise en huise vir bejaardes, gestyg het.

Met die inlywing van die omliggende gebiede van Pretoria het die totale getal van hierdie eenhede tot 2,647 vermeerder. Ons is nou besig met die tekenings en uitlê van erwe vir ongeveer nog 800 behuisingseenhede.

Behalwe hierdie skemas het hierdie Afdeling onder sy beheer 459 behuisingseenhede, wat verhuur kan word en wat uit diverse eiendomme bestaan wat deur die Raad in verband met sy nuwe binne- en buitekringpadskemas verkry is.

In 1934 was daar geen spesiale behuisingseksie nie en die meeste van die werk in verband met behuising is deur die Stadsgesondheidshoof self behartig. Nou het hierdie seksie van die Afdeling aangegroei tot 'n personeel bestaande uit 'n Behuisingsbestuurder, 'n Adjunk-behuisingsbestuurder en 'n Administratiewe Beampte met 'n personeel van ses en 10 Behuisingstoeshoudsters wat almal Universiteitsgegradueerdes is met 'n agtergrond van maatskaplike wetenskap. Bowendien is daar 7 Blankes en 52 Nieblankes wat na die huise omsien.

BEHUISING VAN NIEBLANKES:

In 1934 was die Stadsgesondheidshoof ook belas met Nieblankesake. Weens die uiters swak behuisingstoestande van die Bantoes is daar in 1936 besluit om 'n nuwe Bantoedorp op die Westelike Dorpsterrein te bou. Hierdie dorp is nou bekend as Atteridgeville. In 1937 is daar 'n aanvang gemaak met die bou van huise in hierdie gebied. Gedurende 1938 is daar 'n Bestuurder van Nieblankesake aangestel en 'n nuwe Afdeling Nieblankesake is gestig.

Teen 1941 is 700 huise reeds in Atteridgeville bewoon en teen 1942 is daar reeds 980 huise opgerig. Namate die nuwe huise opgerig is, is die ou slumwonings in die ou Bantoedorp Marabastad gesloop. Vandag is daar 8,244 huise in Atteridgeville en al die Bantoes is uit die ou Marabastad verwyder en die slumwonings is gesloop.

Terwyl Atteridgeville opgebou is, was Bantoes van die platteland besig om hulle in baie groot getalle in die omstedelike gebiede van Pretoria te vestig en slumtoestande het vinnig aan die grense van die stad begin ontwikkel. Op versoek van die Staat het die Stadsraad besluit om al hierdie gebiede op te ruim en om 'n nuwe Bantoedorp aan die oostekant van Pretoria te bou. Vir hierdie doel is die plaas Vlakfontein aangekoop. Een van die eerste stappe wat die Raad gedoen het om hierdie nuwe skema te loods was om 'n klein tegniese komitee onder die voorsitterskap van die Stadsgesondheidshoof aan te stel. Die Komitee het met groot entoesiasme en energie gewerk, talryke struikelblokke is gou uit die weg geruim en 'n volledige verslag tesame met aanbevelings is aan die Raad voorgelê.

Die Raad het hierdie verslag aanvaar wat onder andere die aanstelling van 'n Blanke opsigter belas met boubedrywighede aanbeveel het. Hierdie Blanke het 'n aantal Bantoes wat opgeleide timmermans en messelaars was, bymekaargebring en hulle het, onder toesig van 'n Blanke direkteur, 'n aantal nuwe Bantoes as bouwerkers opgelei. Daar is weldra 'n aanvang gemaak met die boubedrywighede, wat geheel en al met Bantoe-arbeid uitgevoer is. Namate die nuwe huise opgerig is is die slumtoestande in die omstedelike gebiede opgeruim. Vandag is al die Bantoes uit hierdie gebiede verwyder en die slumwonings is gesloop. Die naam van hierdie Bantoedorp, wat eers as Vlakfontein bekend was, is later na Mamelodi verander en die dorp het nou 9,820 behuisingseenhede. In albei hierdie Bantoedorpe is daar uitstekende munisipale gesondheidsklinieke wat voorsiening maak vir buitepasiënt-, kindersorg-, kraam-, voorbevallings-, nabevallings-, immuniserings-, tuberkulose- en geslagsiektedienste, met toereikende geriewe, geneeshere en opgeleide verpleegpersoneel.

Die inlywing van Hercules op 1 Mei 1949 het ook die Bantoedorp Lady Selborne ingesluit waar daar tans 35,000 Bantoes gehuisves word. Hierdie hele gebied wat nou tot 'n „Blanke”-gebied geproklameer is, kan slegs as 'n slum beskou word en die Raad is daadwerklik besig om al die inwoners na die bestaande Bantoedorpe te verwyder. Daar word vertrou dat hierdie swartkol binne die volgende jaar of twee opgeruim sal word.

Sommige Indiërs en Kleurlinge woon nog onder baie onbevredigende toestande, maar die nuwe Indiërdorp Laudium het reeds 430 nuwe huise en binne die volgende jaar of so behoort al die Indiërs hier onder goeie toestande hervestig te wees. Kliniekdienste word verskaf.

Dieselfde geld vir die Kleurlinge vir wie 'n nuwe dorp te Eersterust gestig is, waar 250 wonings reeds opgerig is. Die hervestiging van die Kleurlinge behoort binne die volgende jaar voltooi te wees. Kliniekdienste sal ook hier verskaf word.

ALGEMEEN:

By die uitvoering van sy pligte is dit noodsaaklik vir 'n Stadsgesondheidshoof om in noue voeling met alle seksies van die publiek te bly deur middel van vrywillige, liefdadigheids-, welsyn-, geneeskundige en nuwe- geneeskundige organisasies. Dit word ook van hom verwag om in soveel moontlik van hierdie organisasies te dien. Dit neem alles heelwat tyd in beslag maar dit is noodsaaklik om die volste samewerking, vertrou en goeie verhoudinge tussen alle groepe binne die gemeenskap te verseker.

Dit was my voorreg om in baie van hierdie organisasies te dien en ek doen dit nou nog. Ek noem hulle hier, nie in 'n gees van „self-verheerliking” nie, en ek vertrou dat dit nie aldus vertolk sal word nie, maar slegs om aan te dui hoe belangrik hierdie aspek van die werk van 'n Stadsgesondheidshoof is.

1. Noord-Transvaalse tak van die Geneeskundige Vereniging van Suid-Afrika. (Voormalige president).
2. Federale Raad van die Geneeskundige Vereniging van Suid-Afrika.
3. Groep Geneeskundige Gesondheidsbeamptes (Staatsgeneeskunde) van die Geneeskundige Vereniging van Suid-Afrika.
4. Gesondheidsbeamptesvereniging van Suidelike Afrika (Voormalige president.)
5. Witwatersrandse en Pretoriase Komitee vir Raadpleging oor Openbare Gesondheid. (Voormalige president.)
6. Raad van Eksaminatore van die Koninklike Vereniging vir die Bevordering van Gesondheid.
7. Nasionale Komitee van die Poliomiëlitisnavorsingstigting.
8. Tegniese Raadgewende Komitee van die Poliomiëlitisnavorsingstigting.
9. Lid van die Komitee wat die Minister van Gesondheid oor Virologie van raad dien.
10. Lid van verskillende Komitees van die Suid-Afrikaanse Buro vir Standaarde en die Wetenskaplike en Nywerheidsnavorsingsraad, wat met die volgende handel:—
Water; minimum standarde van huisvesting (behuising); verfstowwe vir gebruik in voedselware; voorbereiding en spesifikasie van roomys; melk; roomys; room.
11. Nasionale Oorlogsgedenktekengesondheidstigting.
12. Ere-raadgewer insake openbare gesondheid vir die Unie-verdedigingsmag.
13. Voorsitter, Kommissie van Ondersoek na die tifoïde-epidemie, Durban.
14. Lid van Staatskommissie van Ondersoek na die Veeartsenykundige Dienste in Suid-Afrika, 1945.
15. Staatsvoedseluitdeling.
16. Lid van die Raad van die Nasionale Kindersorgvereniging en lid van die Tegniese Komitee vir Gesondheid, Verpleging en Moederkunde van die Nasionale Raad vir Kindersorg.
17. Lid van die Pretoriase Tandheelkundekliniekraad.
18. Onderpresident, Pretoriase Rotariërklub.
19. Buro van Onderwys buite Skoolverband.
20. Die Kleuterskoolvereniging van Suid-Afrika. (Voorsitter).
21. Uitvoerende Komiteelid van die Suid-Afrikaanse Nasionale Tuberkulosevereniging (S.A.N.T.A.) en lid van die Tegniese Geneeskundige Komitee.
22. Lid van die Uitvoerende Komitee van die Pretoriase Vereniging teen Alkoholisme.
23. Ere-raadgewer in bakteriologie vir die Nasionale Instituut vir Waternavorsing van die Wetenskaplike en Nywerheidsnavorsingsraad.
24. Lewenslange erelid van die Suid-Afrikaanse Vereniging van Beroepsgesondheid.
25. Lid van die Nasionale Komitee van Beheer oor die Wegdoening van radioaktiewe afval—Raad op Atoomkrag.
26. Ere-onderpresident van die Geestesgesondheidvereniging van Suid-Afrika.
27. Lewenslange erelid en onderpresident van die Instituut van Volksgesondheid.
28. Lewenslange Ere-assosiaatlid van die Suid-Afrikaanse Veeartsenye-geneeskundige Vereniging.

Wanneer ek in Februarie 1966 aftree, sal ek op 'n paar maande na, dertig jaar die Stadsgesondheidshoof van Pretoria gewees het. Toe ek die geskiedenis van die Stadsraad van Pretoria nagegaan het, het ek bevind dat daar slegs een Afdelingshoof was wat meer as dertig jaar in daardie hoedanigheid diens gedoen het en hy was mnr. T. C. Wooly Dod, wat van 1892 tot 1928 eers as ingenieur en bestuurder van die Pretoria Lighting Company van 1892 tot 1904 en daarna as Elektrotegniese Ingenieur gedien het.

Ek wil geen spesiale kommentaar oor die inhoud van hierdie jaar se jaarverslag lewer nie, behalwe om te meld dat, nadat ek dit weer deurgegaan het en oor die vervloë geskiedenis terugkyk,

dit my verheug om te verklaar dat gesondheidstoestande in die stad Pretoria goed is, dat die taak waarvoor ons verantwoordelik is en die pligte wat aan ons toegeken is, na die beste van ons vermoë uitgevoer is en dat ons redelik tevrede en gelukkig kan voel oor wat ons tot stand gebring het.

Ek wil weer eens die lede van my eie personeel, Afdelingshoofde en lede van ander Afdelings bedank vir die wonderlike gees van samewerking en welwillendheid wat ek deur die jare ondervind het.

Ek wil ook my waardering boekstaaf van die heelhartige samewerking wat ek te alle tye van die pers ontvang het. Hulle het publisiteit verleen aan alle belangrike gesondheidsmaatreëls in die Stad en het op geen geringe wyse gehelp om 'n goeie verstandhouding tussen die Afdeling en die publiek te bewerkstellig en het ook talryke gesondheidsaangeleenthede onder die aandag van die publiek gebring.

Ek is ook baie dank verskuldig aan die Stadsraadslede van Pretoria vir die voortdurende belangstelling wat hulle altyd in die Gesondheidsafdeling en die ontwikkeling van gesondheidsdienste vir die stad getoon het. Ek kan sonder aarseling verklaar dat geen Raad deur die jare ooit 'n redelike versoek van die Afdeling geweier het nie. Ek het altyd die volste samewerking en vertrouwe van die Rade deur die jare geniet. Ek het dit altyd as 'n eer beskou om hierdie stad te dien in die hoedanigheid wat ek dit gedoen het en ek was baie gelukkig in my werk hier. Inderdaad, as ek die geleentheid gehad het om weer van voor af te begin, sou ek geen ander rigting wou inslaan nie.

Vir al hierdie dinge is ek uiters dankbaar.

Ek vertrou dat die Afdeling in die jare wat voorlê steeds sterker sal uitbrei en dat toekomstige geslagte dieselfde verbeterings sal sien.

H. NELSON

Stadsgesondheidhoof.

PERSONEEL VAN DIE GESONDHEIDSAFDELING OP 31 DESEMBER 1964

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 M. T. LEUVENNINK, Sertt. K.G.G., Vleis en Ander Voedsel, L. Inst. O.G., Trop. Hig.
 G. VAN LOGGERENBERG, Sertt. K.G.G., Vleis en ander Voedsel, Trop. Hig., L. Inst. O.G.
 D. H. BREEDT, Sertt. K.G.G., Vleis en ander Voedsel, Trop. Hig., L. Inst. O.G., N.T.S. II en III.
 E. A. K. HUGO, Sertt. K.G.G., Vleis en Ander Voedsel, Trop. Hig., L. Inst. O.G. (Slagplaas).
 S. J. GOUWS, Sertt. K.G.G., Vleis en Ander Voedsel, Trop. Hig., L. Inst. O.G.
 J. J. DE WET, Sertt. K.G.G., Vleis en Ander Voedsel.
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 G. S. BRIDGENS, Sertt. K.G.G., Vleis en Ander Voedsel, Trop. Hig., Fabr. insp., L. Inst. O.G.
 J. P. v.d. L. COETZEE, Sertt. K.G.G., Vleis en Ander Voedsel, Trop. Hig., L. Inst. O.G.

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 B. J. REUTER, Sertt. K.G.G., Vleis en Ander Voedsel, L. Inst. O.G.
 P. J. AUCAMP, Sertt. K.G.G., Vleis en Ander Voedsel.

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 D. P. MADELA, Sert. K.G.G.

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R. BLOEMINK, Sertt. K.G.G., Vleis en Ander Voedsel, Trop. Hig., Gevor. Kennis.

Hoofklerk.

G. W. CLUBB, Sertt. K.G.G., Vleis en Ander Voedsel.

Senior Klerke.

J. A. CHANDLER
 MEV. G. M. BASSON.

Tegniese Assistent.

H. P. J. LE ROUX.
 P. S. PRETORIUS.

Klerke.

R. I. BOTHA.
 S. P. JORDAAN.

Tiksters.

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Vroulike Klerke.

MEV. E. H. E. OPPERMAN: MEV. M. S. VAN DER MERWE: MEJ. B. VAN BREDÁ.

BEHUISING VIR BLANKES

Hoofbehuisingsbestuurder.

L. VAN WYNGAARD, B.A., Agr. Dipl.

Assistent-hoofbehuisingsbestuurder.

A. J. B. MEIRING, B.A.

Administratiewe Beampte.

J. W. BURGER, Inst. Admin. & Handel (Mun.)

Klerk.

J. L. GROBBELAAR.

Behuisingtoesighoudsters.

MEV. M. D. KEVAN, B.A.
 MEV. L. ROUX, B.A. (Hons.).
 MEV. I. B. McCULLOCH, B.A. (S.W.).
 MEV. E. M. BEUKES, B.A.
 MEJ. E. A. VISAGIE, B.A. (Dip. S.W.).
 MEJ. E. E. NEL, B.A. (S. W.).
 MEJ. J. S. HARMSE, B.A. (S.W.).

Tiksters..

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 MEJ. M. M. DICKS.

Vroulike Klerke.

MEJ. M. M. MALAN.
 MEJ. M. LE ROUX.
 MEV. S. P. NEL.

Opsigter/Fumigeerders:

Senior: S. F. HOLDER.
 C. F. C. DIEDERICKS.
 C. F. E. COETZER.
 J. J. VAN DER MERWE.
 A. S. RUDOLPH.
 F. H. DU TOIT.

Knaagdier- en muskietuitroeiers:

J. P. SCHOLTZ.
 L. J. DE LANGE.
 A. L. NEL.
 I. P. DENYSSCHEN.
 L. J. VAN DER SCHYFF.
 en 27 NIEBLANKES.

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 V. J. LOYNES, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbesoekster en Skoolverpleegster, Moederkunde.
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 M. S. MINNAAR, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbesoekster en Skoolverpleegster, Moederkunde.
 S. M. STOLTZ, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbesoekster en Skoolverpleegster, K.G.G., Moederkunde.
 D. M. GERHARDT, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbesoekster en Skoolverpleegster, K.G.G.
 C. E. O. VAN DER MERWE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbesoekster en Skoolverpleegster, K.G.G.
 I. ERASMUS, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) Moederkunde.
 E. PETER, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Moederkunde, K.G.G. en Skoolverpleegster.
 M. BOTHA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Moederkunde, K.G.G., Gesondheidsbesoekster.
 E. J. C. LE ROUX, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbesoekster en Skoolverpleegster.
 D. H. BRONKHORST, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbesoekster en Skoolverpleegster, Moederkunde, Koors.
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 C. E. VAN NIEKERK, Sertt. S.A. Geneeskundige Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbesoekster en Skoolverpleegster, Moederkunde.

- S. M. J. ENGEL, Sertt. S.A. Geneeskundige Raad (Alg. & Verlosk.) K.G.G. Gesondheidsbezoekster en Skoolverpleegster, Moederkunde.
 D. G. MORGAN, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Moederkunde, K.G.G., Gesondheidsbezoekster.
 H. C. BUHRMAN, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster.

NIEBLANKE VERPLEEGSTERS

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 A. NTJA, Sert. Verloskunde.
 G. MOTHEMELA, Sertt. Verloskunde en Hulpverpleging.
 D. THELEDI, Sert. Verloskunde.
 E. NDUNA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 S. MOFOLO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 H. SESOKO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 F. MANAMELA, Sertt. Verloskunde en Hulpverpleging.
 M. MOHOHLO, Sert. Verloskunde.
 A. RAMAHLO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbezoekster en Skoolverpleegster.
 F. MATHAPO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 E. PUOANE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 G. MALEBYE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbezoekster en Skoolverpleegster.
 I. PUOANE, Sert. Verloskunde.
 M. MONTIEDI, Sert. Verloskunde.
 F. MAPHALLA, Sert. S.A. Geneesk. Raad (Alg.)
 W. SOKO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 J. MOTSHABI, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 C. F. MOCHE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 E. G. MAKGOLO, Sert. Verloskunde.
 E. DAU, Sert. Verloskunde.
 J. R. MTOMBENI, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 A. R. MUSHI, Sertt. S.A. Geneesk. Raad. (Alg. & Verlosk.) K.G.G.
 E. MABIZELA, Sert. Verloskunde.
 E. J. M. SHILANE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 F. E. SIBIYA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 H. M. MOTSETE, Sert. Verloskunde.
 T. N. NGOBESE, Sert. S.A. Geneesk. Raad (Alg.)
 E. C. B. NTSHINGA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster en Skoolverpleegster.
 M. T. MASOKA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster.
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 L. P. NDABA, Sert. S.A. Geneesk. Raad (Verlosk.)
 G. MOLETE, Sert. S.A. Geneesk. Raad (Verlosk.)
 S. KUMALO, Sert. S.A. Geneesk. Raad (Verlosk.)
 E. NGOLASE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 K. MOUNT, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster.
 C. MAKURUNTSI, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 I. M. TSHIYASE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) Sert. in Oogverpleging, Gesondheidsbezoekster.

NIEBLANKE VERPLEEGASSISTENTE

- V. MONARE, Sertt. Verloskunde en Hulpverpleging.
 F. MAMABOLO, Sert. Verloskundige Hulpverpleging.
 A. NKOSI, Sert. Hulpverpleging.
 L. G. N. MOTHOA, Sertt. Verloskunde en Algemene Verpleging.

NIEBLANKE KLINIEKHELPER

- | | |
|--------------|-------------------|
| J. MOHOHLO. | H. SATHEKGE. |
| J. MONTIEDI. | P. D. C. MAKUENA. |
| J. MOFOKENG. | |

NIEBLANKE KLINIEKKLERKE

- | | |
|------------------|---------------|
| B. R. MANYOROLA. | J. DIBAKWANE. |
| J. MAKONE. | J. MOATSHE. |

OPPASSERS VAN OPENBARE TOILETGERIEWE

Agt Blankes.

Vier Nieblankes.

SKUTMEESTERS

J. H. B. VAN STADEN.

J. F. VAN STADEN.

TOEWADRYWER

N. D. PRINSLOO.

OPSIGTER

MEV. C. P. DE KLERK.

STADSRAAD VAN PRETORIA

EEN-EN-SESTIGSTE JAARVERSLAG

VAN DIE

Stadsgesondheidshoof

Hoofstuk I

DEEL I. KLIMAAT EN ANDER GEGEWENS

DIE KLIMAAT.

Breedtegraad: 25 grade, 44 minute, 3 sekondes suid.

Lengtegraad: 1 uur, 52 minute, 48 sekondes oos.

Gemiddelde Hoogte: 4,480 voet.

Temperatuur: (Statistiek vriendelik verskaf deur die Direkteur, Weerburo, Pretoria).

Lugtemperatuur (°C)

1964	Gem. maks. °C	Gem. min. °C	Hoogste lesing van maks. °C	Laagste lesing van min. °C	Gem. vogtigheid om 8 vm. %	relatiewe 2 nm. %	Reënval mm.	dae.
Januarie.....	27.8	15.4	33.5	12.2	74	52	200.9	19
Februarie.....	29.8	16.3	34.1	14.1	73	42	71.0	10
Maart.....	28.9	15.7	31.6	13.0	71	41	60.6	9
April.....	24.6	11.1	30.4	4.4	70	38	38.9	7
Mei.....	21.9	5.7	26.0	3.0	75	33	6.8	2
Junie.....	17.0	0.3	22.4	—5.3	78	32	4.4	2
Julie.....	18.0	0.4	23.5	—3.4	67	28	0.0	0
Augustus.....	21.0	4.8	28.0	—1.6	62	28	0.2	1
September.....	25.8	9.6	30.5	3.7	51	25	15.5	1
Oktober.....	24.7	12.8	30.6	6.5	67	45	174.5	19
November.....	27.4	13.9	31.7	7.0	59	36	27.0	10
Desember.....	25.9	14.3	30.7	10.0	77	52	205.0	18

GROOTTE VAN MUNISIPALE GEBIED

Pretoria en voorstede, met inbegrip van Dorpsgrond, beslaan 70.73 vk. myl. Die stad lê op en tussen drie parallel-lopende reekse kwartsietrante, wat oos en wes strek, met valleie tussen-in wat hoofsaaklik skaliegrond bevat.

JAARLIKSE BELASBARE WAARDES: 31 DESEMBER 1964

Belasbare eiendom:

Grond.....	R125,372,347.00
Verbeteringe.....	233,447,517.00
TOTAAL.....	<u><u>R358,819,864.00</u></u>

Onbelasbare en vrygestelde eiendom:

Grond.....	R 50,155,230.00
Verbeteringe.....	55,444,300.00
	<u><u>R105,599,530.00</u></u>

DEEL 2. BEVOLKINGSTATISTIEK

BEVOLKING

Blankes.....	172,000
Bantoes.....	198,000
Asiate.....	8,000
Kleurlinge.....	5,000

Die bevolkingsyfer, behalwe dié vir Bantoes, is volgens skatting op 31 Desember 1964 wat goedgunstiglik verkry is van die Buro vir Statistiek aan wie ons dank verskuldig is vir die statistieke wat gereedlik verskaf is wanneer daarom gevra is. Bogemelde skatting is gebaseer op die aanname dat die neiging wat hom gedurende die sensusse van 1951 en 1960 geopenbaar het, konstant sal bly.

Die Bantoebevolking word op 198,800 geskat, met inbegrip van dié van die nuwe Bantoedorp Mamelodi (Vlakfontein), wat heeltemal onder die jurisdiksie en beheer van die Stadsraad van Pretoria is, hoewel buite die munisipale gebied geleë. Alle syfers en bevolkingstatistieke vir Bantoes wat in hierdie verslag verskyn, sluit Mamelodi in, wat, volgens opdrag van die Staatsdepartement van Gesondheid, as deel van die munisipale gebied van die Stad Pretoria beskou moet word.

Groter Pretoria het op 1 Julie 1964 met die inlywing van die munisipaliteite van Pretoria-Noord en Silverton en sowat vyftig dorpsgebiede en landbouhoewes, wat voorheen onder die regsbevoegdheid van die Gesondheidsraad vir Buitestedelike Gebiede geressorteer het, tot stand gekom.

Die bevolkingstatistiek van hierdie verslag verwys slegs na die oorspronklike munisipale gebied van Pretoria. Die statistiek van die volgende jaarverslag sal vir Groter Pretoria geld.

Vir algemene inligting word 'n opsomming van die aantal geboortes en sterfgevallen wat in die nuut ingelyfde gebiede gedurende die tydperk 1 Julie 1964 tot 31 Desember 1964 voorgekom het, ook aan die einde van hoofstuk 1 van hierdie verslag voorsien.

Hierna volg die vernaamste bevolkingstatistieke vir die verslagjaar, met korreksies vir gevalle wat elders tuis behoort:

	Blankes	Bantoes	Asiate	Kleurlinge	Totaal Nie- Blankes	Alle rasse
Bevolking.....	172,000	198,800	8,000	5,000	211,800	383,800
Geboortes.....	25.06	33.20	22.50	28.40	32.68	29.27
Sterftes.....	7.33	10.84	5.50	11.40	10.65	9.16
Kindersterftes per 1,000 lewend geborenes.....	30.39	91.67	61.11	77.46	90.58	66.60
Persentasie buite-egtelike kinders tot lewend geborenes.....	1.69	39.82	1.67	14.08	38.30	24.25
Sterftes aan tuberkulose (pulmonêre) per 1,000 bevolking.....	0.02	0.16	—	0.50	0.16	0.09
Sterftes aan tuberkulose, alle soorte, per 1,000 van bevolking.....	0.02	0.18	—	0.50	0.17	0.11

GEBOORTES

Die in Pretoria geregistreerde geboortes gedurende die jaar (syfers vir 1963 in hakies) is soos volg:

	Blankes	Bantoes	Asiate	Kleurlinge	Totaal Nie- Blankes	Alle rasse
Plaaslikes.....	4,310 (4,417)	6,600 (7,736)	180 (188)	142 (185)	6,922 (8,109)	11,232 (12,526)
Waar moeders nie Pretoria-inwoners is nie.....	1,889 (2,473)	1,335 (1,051)	29 (35)	17 (25)	1,381 (1,111)	3,270 (3,584)
Buite-egtelike kinders (by plaaslikes inbegrepe).....	73 (91)	2,628 (3,255)	3 (6)	20 (31)	2,651 (3,292)	2,724 (3,383)
Doodgeborenes.....	45 (36)	192 (195)	5 (5)	9 (—)	206 (200)	251 (236)

GEBOORTES

Blankes.....	25.06	(26.17)
Bantoes.....	33.20	(39.76)
Asiate.....	22.50	(23.50)
Kleurlinge.....	28.40	(37.76)
Alle Nieblankes.....	32.68	(39.09)
Alle rasse.....	29.27	(33.29)

Hier volg die natuurlike aanwas, dit wil sê die getal waarmee die geboortes die sterftes oortref in verhouding tot die bevolking:

Blankes.....	17.73	(18.81)
Asiate.....	17.00	(18.00)
Kleurlinge.....	17.00	(24.90)

Vir die Bantoes word die syfers nie aangegee nie omdat hulle geboortebekendmakings baie onnoukeurig is.

STERFTES

(Syfers vir 1963 tussen hakies).

	<i>Blankes</i>	<i>Bantoes</i>	<i>Asiate</i>	<i>Kleurlinge</i>	<i>Totaal Nieblankes</i>	<i>Alle rasse</i>
Plaaslike sterftes (alle ouderdomme).....	1,261 (1,242)	2,154 (1,944)	44 (44)	57 (63)	2,255 (2,051)	3,516 (3,293)
Persone wat nie alhier woonagtig is nie.....	742 (849)	1,661 (821)	8 (5)	30 (30)	1,699 (856)	2,441 (1,705)

Die „nie-plaaslike” sterftes het plaasgevind in:

	<i>Pretoria en ander hospitale</i>	<i>Hospitaal vir sielsiekes</i>	<i>Inrigting vir melaatses</i>	<i>Gevangenis</i>	<i>Besoekers</i>
Blankes.....	678 (785)	61 (57)	— (1)	1 (5)	2 (1)
Nieblankes.....	1,576 (744)	32 (37)	11 (5)	75 (65)	4 (—)

STERFTESYFERS

Blankes.....	7.33	(7.36)
Bantoes.....	10.84	(9.99)
Asiate.....	5.50	(5.50)
Kleurlinge.....	11.40	(12.86)
Alle Nieblankes.....	10.65	(9.89)
Totaal alle rasse.....	9.16	(8.75)

KINDERSTERFTES

(Syfers vir 1963 tussen hakies.)

	<i>Blankes</i>	<i>Bantoes</i>	<i>Asiate</i>	<i>Kleurlinge</i>	<i>Totaal Nieblankes</i>	<i>Alle rasse</i>
Plaaslikes.....	131 (144)	605 (647)	11 (11)	11 (17)	627 (675)	758 (819)
Van kinders wie se moeders vir bevalling na die stad gekom het of wat dood is aan siekte waaraan hulle gely het toe hulle hierheen gebring is.....	70 (104)	260 (142)	4 (2)	1 (4)	265 (148)	335 (252)
	201 (248)	865 (789)	15 (13)	12 (21)	892 (823)	1,093 (1,071)

KINDERSTERFTESYFERS

Blankes.....	30.39	(32.60)
Bantoes.....	91.67	(83.63)
Alle Nieblankes.....	90.58	(83.24)
Alle rasse.....	66.60	(65.38)

TABEL VAN KINDERSTERFTESYFERS VIR ALLE RASSE SEDERT 1926-1927

Jaar	Blankes	Bantoes	Alle Nieblankes	Totaal Alle rasse
1926—1927.....	48.48	385.51	315.31	137.49
1936—1937.....	52.66	450.24	269.49	99.42
1946—1947.....	25.90	235.16	178.27	53.78
1947—1948.....	33.16	1138.78	127.30	52.78
1948—1949.....	33.65	203.06	170.77	60.97
1949—1950.....	32.34	181.97	165.83	92.97
1950—1951.....	28.98	151.51	136.93	77.94
1951—1952.....	30.26	136.86	133.91	80.53
1952—1953.....	28.14	113.94	108.70	66.21
1953—1954.....	35.57	129.98	124.07	76.92
1954—1955.....	29.67	121.09	115.79	71.61
1956.....	21.31	170.25	164.25	96.37
1957.....	27.56	116.51	112.44	80.81
1958.....	24.64	113.48	111.46	78.11
1959.....	24.94	117.07	115.94	82.08
1960.....	26.99	101.50	100.30	71.62
1961.....	26.08	112.42	110.61	80.80
1962.....	28.45	92.12	90.81	71.25
1963.....	32.60	83.63	83.24	65.38
1964.....	30.39	91.67	90.58	66.60

Vir Asiate en Kleurlinge is die getalle te gering om die berekening van die verhouding van enige waarde te maak.

Kindersterftes by Blankes is veroorsaak deur:—

	1964	1963
Wanvoeding.....	—	1 (Verh. .23)
Aangebore oorsake.....	15 (Verh. 3.48)	10 (Verh. 2.26)
Diarreesiektes.....	11 (Verh. 2.55)	12 (Verh. 2.72)
Brongitis en pneumonie.....	13 (Verh. 3.02)	15 (Verh. 3.40)
Aansteeklike siektes.....	1 (Verh. .23)	2 (Verh. .45)
Ander oorsake.....	8 (Verh. 1.86)	7 (Verh. 1.59)
Vroeggeboorte.....	47 (Verh. 10.90)	61 (Verh. 13.81)
Geboortebesering.....	18 (Verh. 4.18)	10 (Verh. 2.26)
Atelektase.....	18 (Verh. 4.18)	26 (Verh. 5.89)
TOTAAL: Blanke kindersterftes...	<u>131</u>	<u>144</u>

Kindersterftes by Nieblankes is veroorsaak deur:

	1964	1963
Aangebore oorsake.....	5	8
Diareesiektes.....	145	159
Brongitis en pneumonie.....	167	201
Aansteeklike siektes.....	11	9
Tuberkulose (pulmonêr).....	—	1
Tuberkulose (ander soorte).....	—	1
Ander oorsake.....	86	94
Vroeggeboorte.....	115	141
Geboortebesering.....	41	46
Wanvoeding.....	14	7
Atelektase.....	21	10
	<u>605</u>	<u>677</u>

Hierna verskyn die tabel met die getalle Nieblanke geboortes en kindersterftes gedurende die verslagjaar in die verskillende woongebiede vir Nieblankes:

Bantoes:

Mamelodi-lokasie		Atteridgeville-lokasie		Herculesgebied		Stad	
Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes
1935	216	2,318	191	2,065	169	282	29
(1986)	(162)	(2,787)	(225)	(2,550)	(218)	(413)	(32)

Asiate:

Asiatebuurt		Herculesgebied		Stad	
Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes
124	9	27	2	29	—

Kleurlinge :

Kleurlinglokasie		Herculesgebied		Stad		Eersterust en Derdepoort	
Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes
57	3	40	3	—	—	45	5

Oorsake van dood tussen 1 en jonger as 5 jaar vir verskillende rasse:

Blankes. :

Sewentien sterftes is onder dié ouderdomsgroep aangeteken:

Bloedarmoede.....	1
Hartspierverswakking.....	1
Brongopneumonie.....	7
Diarree en enteritis.....	4
Swak omskrewe oorsake.....	1
Vergiftiging wat nie per ongeluk plaasgevind het nie.....	1
Ongelukke—onbepaald.....	2
	17

Bantoes :

Vierhonderd-ses-en-dertig sterftes is onder dié ouderdomsgroep aangeteken:

Pellagra.....	1
Septisemie.....	1
Difterie.....	3
Kinkhoes.....	1
Tetanus.....	1
Tuberkulose (pulmonêr).....	2
Tuberkulose (ander soorte.).....	1
Masels.....	9
Ingewandsobstruksie.....	1
Wanvoeding.....	41
Meningitis.....	7
Akute sinusontsteking.....	1
Aangebore hartkwale.....	4
Pulmonêre kongestie.....	1
Brongopneumonie en brongitis.....	160
Siektes van die lewer.....	1
Diarree en enteritis.....	135
Siektes van die niere.....	2
Aangebore misvormdheid.....	1
Ongelukke: Ander.....	1
Brandwonde.....	6
Verdrinking.....	2
Motorongelukke.....	1
Onbekende en onaangeduide oorsake.....	53
	436

Asiate :

Drie sterftes is in hierdie ouderdomsgroep aangeteken:

Brongopneumonie.....	1
Diarree en enteritis.....	2
	3

Kleurlinge :

Vyf sterftes is in hierdie ouderdomsgroep aangeteken:

Diarree en enteritis.....	3
Swak omskrewe oorsake.....	1
Meningitis.....	1
	5

VERNAAMSTE DOODOORSAKE BY PERSONE VAN 5 JAAR EN OUER.

Die vernaamste doodoorsake was:—

		Blankes		Nieblankes
		Jaarlikse Gemid. vir 5 jaar		Jaarlikse gemid. vir 5 jaar
Kanker.....	132	128.2	80	69.4
Hartkwale.....	389	337.2	171	137.2
Brongitis en pneumonie (alle vorme)...	145	131.40	257	239.2
Influenta.....	—	—	—	.2
Tifoïde.....	—	.1	3	2.0
Tuberkulose (pulmonêr).....	4	2.0	28	33.2
Tuberkulose (ander soorte).....	—	.1	2	5.2
Suikersiekte.....	12	3.4	14	6.2
Beroerte.....	75	70.2	52	39.6
Siekte van niere.....	14	35.6	16	23.4
Siekte van slagare.....	13	27	5	11
Siekte van lewer en galblaas.....	16	14	15	11.80
Siekte van swangerskap en kraamtydperk	—	.2	10	6
Ouderdom.....	11	15	11	14.4
Selfmoord.....	11	21	20	12.2
Ongelukke.....	52	63.4	138	94.6
Moord.....	3	.6	78	17.6
Ander aansteeklike siektes.....	5	2	9	10
Ander oorsake.....	231	172.2	281	247.2

BESONDERHEDE VAN DOODOORSAKE: VYF JAAR EN OUER

In al die volgende tabelle verskyn syfers vir 1963 tussen hakies:

1. KANKER:

Blankes 132. Sterftesyfer 0.77 per 1,000 van bevolking.

Liggaamsdeel aangetas:

Mond- en keelholte.....	1	(2)
Asemhalingsweë (long).....	24	(18)
Baarmoeder.....	8	(9)
Ander vroulike geslagsorgane.....	1	(1)
Bors.....	10	(9)
Manlike en vroulike urineorgane.....	5	(15)
Brein en ander dele van die senustelsel.....	6	(4)
Rektum.....	1	(4)
Dikderm.....	3	(—)
Bene.....	4	(1)
Ander en onaangeduide organe.....	8	(20)
Slukderm.....	3	(1)
Maag en duodenum.....	19	(34)
Lewer.....	8	(8)
Alvleisklier.....	1	(8)
Strottehoof.....	3	(1)
Prostaat.....	5	(7)
Eierstokke.....	3	(3)
Vel.....	5	(2)
Limfkliere.....	14	(—)
	<u>132</u>	<u>(151)</u>

Leeftyd by Afsterwe.

Onder:—

40 Jaar	40—50	50—60	60—70	70—80	Bo 80	Totaal
13 (16)	14 (14)	31 (36)	38 (33)	21 (37)	15 (15)	132 (151)

Nieblankes:

Liggaamsdeel aangetas:

Bantoes:

Mond- en keelholte.....	2	(1)
Ander verteringsorgane en buikvlies.....	1	(—)
Long.....	4	(7)
Baarmoeder.....	9	(10)
Bors.....	1	(3)
Maag en duodenum.....	5	(3)
Manlike en vroulike urineorgane.....	2	(3)
Vroulike geslagsorgane.....	2	(—)
Alvleisklier.....	2	(—)
Bene.....	1	(1)
Ander en onaangeduide organe.....	7	(6)
Gewasse op brein en ander dele van senustelsel.....	1	(3)
Slukderm.....	13	(19)
Strottehoof.....	1	(6)
Skildklier.....	1	(—)
Lewer.....	17	(12)
Prostaat.....	2	(2)
Rektum.....	1	(—)

Asiate:

Lip.....	1	(—)
Slukderm.....	—	(1)
Maag.....	3	(—)
Bors.....	1	(1)

Kleurlinge:

Slukderm.....	—	(—)
Manlike en vroulike urineorgane.....	—	(—)
Maag en duodenum.....	1	(1)
Long.....	2	(2)
	<u>80</u>	<u>(82)</u>

2. HARTKWALE:

Sterftesyfer per 1,000 van Blanke bevolking 2.26 (2.07).
Blankes 389 (350)
Nieblankes 171 (111)
[Bantoes 152 (85), Asiate 12 (16), Kleurlinge 7 (10)].

3. BRONGITIS EN PNEUMONIE:

Blankes 145 (151)
Nieblankes 257 (238)
[Bantoes 243 (223), Asiate 3 (5), Kleurlinge 11 (10)].

4. INFLUENSA:

Blankes — (—)
Nieblankes — (1)
[Bantoes — (1)].

5. TIFOÏDE:

Blankes — (—)
Nieblankes 3 (7)
Bantoes 3 (7)

6. TUBERKULOSE:

Blankes 4 (1)
Nieblankes 30 (31)
[Bantoes 28 (31), Kleurlinge 2 (—), Asiate — (—)].

7. SUIKERSIEKTE

Blankes 12 (7)
Nieblankes 14 (9)
[Bantoes 9 (8), Asiate 4 (1), Kleurlinge 1 (—)].

8. BEROERTE:

Blankes 75 (80)
 Nieblankes 52 (45)
 [Bantoes 50 (42), Asiate 1 (2), Kleurlinge 1 (1)].

9. SIEKTES VAN DIE NIERE:

Blankes 14 (20)
 Nieblankes 16 (23)
 [Bantoes 16 (23), Asiate — (—), Kleurlinge — (—)].

10. SIEKTES VAN DIE SLAGARE:

Blankes 13 (22)
 Nieblankes 5 (4)
 [Bantoes 5 (4), Kleurlinge — (—)].

11. SIEKTES VAN DIE LEWER EN GALBLAAS:

Blankes 16 (11)
 Nieblankes 15 (15)
 [Bantoes 14 (11), Kleurlinge 1 (4)].

12. SIEKTES VAN SWANGERSKAP EN DIE KRAAMTYDPERK.

Blankes — (—)
 Nieblankes 10 (8)
 [Bantoes 10 (8)].

13. OUDERDOM:

Blankes 11 (17)
 Nieblankes 11 (10)
 [Bantoes 8 (9), Asiate 1 (—), Kleurlinge 2 (1)].

14. SELFMOORD:

Blankes 11 (18)
 Nieblankes 20 (8)
 [Bantoes 19 (7), Kleurlinge — (1), Asiate 1 (—)].

15. MOORD:

	Blankes	Bantoes	Asiate	Kleurlinge
Per vuurwapens.....	1 (—)	5 (1)	— (—)	— (—)
Per sny- of steekvoorwerp.....	— (—)	62 (16)	— (—)	1 (1)
Per ander aangeduide middels.....	— (—)	9 (4)	— (—)	— (—)
Vergiftiging wat nie per ongeluk plaasge- vind het nie.....	2	1		

16. ONGELUKKE:

Blankes 52 (56)
 Nieblankes 138 (69)
 [Bantoes 136 (67), Asiate — (1), Kleurlinge 2 (1)].

	Blankes	Bantoes	Asiate	Kleurlinge
Op spoorweë.....	2 (—)	4 (3)	— (—)	— (—)
Per motor, padvoertuie (buiten motorfietse)..	14 (29)	42 (24)	— (1)	— (—)
Per motorfietse.....	— (1)	1 (—)	— (—)	— (—)
Per brandwonde (nie groot brande nie).....	— (1)	— (7)	— (—)	— (—)
Per werktuiglike versmoring.....	2 (—)	8 (1)	— (—)	— (—)
Per verdrinking.....	2 (2)	2 (3)	— (—)	— (—)
Per val.....	1 (3)	5 (—)	— (—)	— (—)
Per verwoestende brand.....	3 (1)	7 (—)	— (—)	— (—)
Per alkohol.....	— (—)	1 (1)	— (—)	— (—)
Per gifgasse.....	— (—)	— (3)	— (—)	1 (—)
Per vergiftiging (nie met gas nie).....	— (—)	— (1)	— (—)	— (—)
Per vuurwapens.....	4 (3)	— (—)	— (—)	— (—)
Per elektriese stroom.....	— (—)	1 (—)	— (—)	— (—)
Ander en onaangeduide ongelukke.....	24 (17)	64 (24)	— (—)	1 (1)
Per weerlig.....	— (—)	1 (2)	— (—)	— (—)
	52 (56)	136 (69)	— (1)	2 (1)

INGELYFDE GEBIEDE SEDERT 1 JULIE 1964

GEBOORTES

	<i>Manlik</i>	<i>Blankes</i> <i>Vroulik</i>	<i>Totaal</i>	<i>M</i>	<i>Bantoes</i> <i>V</i>	<i>Totaal</i>
Pretoria-Noord.....	99	97	196	2	7	9
Silverton.....	48	47	95	—	1	1
Ander gebiede.....	269	255	524	42	44	86
	416	399	815	44	52	96

STERFTES

	<i>Manlik</i>	<i>Blankes</i> <i>Vroulik</i>	<i>Totaal</i>	<i>Manlik</i>	<i>Bantoes</i> <i>Vroulik</i>	<i>Totaal</i>
Pretoria-Noord.....	25	18	43	—	—	—
Silverton.....	9	8	17	—	—	—
Ander gebiede.....	65	49	114	50	32	82
	99	75	174	50	32	82

Hoofstuk II

AANSTEEKLIKE SIEKTES

ALGEMEEN:

Alle syfers vir verlede jaar (1 Januarie tot 31 Desember 1963) word in hakies verstrek. Tabelle wat gebiedsverspreiding, ouderdom en seisoensverspreiding aandui, verskyn aan die end van die verslag.

Die verslag handel oor aansteeklike siektes wat in die munisipale gebied soos dit was voordat die buitegebiede op 1 Julie 1964 ingelyf is, voorgekom het. Vir opgewedoeleindes word gevalle wat uit die ingelyfde gebiede slegs vir die tydperk van 1 Julie tot 31 Desember aangemeld was, egter apart onder die opskrif „Ingelyfde Gebiede” aangetoon.

TIFOÏDE.:

	Blankes		Nieblankes		Totaal	
Plaaslike gevalle.	—	(5)	29	(19)	29	(24)
Ingevoerde gevalle.	2	(2)	5	(8)	7	(10)
Voorkomssyfer per 100,000 van die bevolking (plaaslike gevalle).....	—	(3.0)	13.7	(9.1)	7.6	(6.4)
Sterftes onder plaaslike gevalle.....	—	(—)	1	(7)	1	(7)
Plaaslike gevalle in ingelyfde gebiede.....	1		1		2	
Sterftes.....	—		1		1	

PLAASLIKE GEVALLE:

Van die 29 Nieblankegevalle wat aangemeld is, was een 'n Asiaat en agt-en-twintig Bantoes. Al die pasiënte is na die afsonderingsale vir behandeling verwyder.

Daar was vier sekondêre infeksies. Al hierdie gevalle het voorgekom in huise waar 'n vorige onlangse geval aangemeld is.

In twee gevalle is 'n gemeenskaplike infeksiebron gevind.

Daar was geen uitbreking wat deur melk veroorsaak is nie.

By die nasporing van die bronne van infeksie is nege verdagte gevalle getoets om 'n moontlike draertoestand vas te stel. Die verslag oor die bloedmonsters van een was Vi-positief. Tifoïdebacilli het egter nie in herhaalde stoelgang- en urinekulture gekweek nie.

TOETSE WAT IN VERBAND MET DIE TIFOÏDE-DRAERTOESTAND UITGEVOER IS

	Aantal persone getoets vir Vi.		Bloed Vi- positief bevind		Ontlasting en urine positief bevind	
Tifoïde-ondersoeke.....	9	(6)	1	(3)	—	(—)
Voornemende melkerywerkers.....	260	(89)	29	(7)	—	(—)
Ander voedselhanteerders.....	28	(21)	5	(7)	—	(—)

BEHANDELING VAN TIFOÏDE-DRAERS:

In my verslag vir die jaar 1963 het ek besonderhede in verband met die Ampicillin-behandeling van twee hardnekkige tifoïde-(fekale)-draers verstrek. Albei pasiënte se ontlasting is reeds vir twee jaar aanhoudend negatief. Ander gevalle wat dergelike behandeling ontvang het, het nie gereageer nie en 'n mens moet versigtig wees wanneer gevolgtrekkings uit die resultate van die twee gevalle waarna hierbo verwys is, gemaak word.

TIFOÏDE-DRAERKAMP:

Nieblanke melkerywerkers, werknemers by die munisipale waterwerke, ander Nieblanke werknemers wat met voedsel werk en persone wat met 'n geval van tifoïde in aanraking was, word gereeld deur die Gesondheidsafdeling ondersoek. Manlike gevalle wat Vi-positief is, word onmiddellik deur die Raad in diens geneem. Hier word hulle ontlasting en urine gereeld ondersoek en hulle word onder beheer gehou.

Ingevoerde gevalle:

Van die ingevoerde gevalle was een ('n Bantoe) 'n inwoner van Pretoria wat die siekte buite die Pretoriase munisipale gebied opgedoen het. Die orige ses gevalle (twee Blankes en vier Bantoes) is pasiënte wat die siekte elders opgedoen het en 'n tydlang by familieleden of vriende in Pretoria ingewoon het voordat die gevalle ontdek is en hulle in die Afsonderingshospitaal opgeneem is.

Een is egter afgesonder en tuis behandel.

Daar was geen sekondêre infeksies nie. Een pasiënt, 'n Bantoe, het gesterf.

POLIOMIËLITES:

Geen gevalle is in die Pretoriagebied aangemeld nie maar een geval, 'n manlike Bantoekind van vier jaar, is in die ingelyfde gebiede aangemeld. Hy het verlamming in albei bene gehad maar het aansienlike verbetering getoon. Poliomiëlitis-virus tipe III is uit 'n monster van sy ontlasting geïsoleer. Die pasiënt was nie geïmmuniseer nie.

Daar is gereelde immuniseringsklinieke vir Blankes en Nieblankes deur die Afdeling gehou.

Die onderstaande tabel toon die getal dosisse poliomiëlitis-entstof wat in die onderskeie ouderdomsgroepe aan die verskillende rasse toegedien is. Die getal gevalle waar 'n derde dosis toegedien is, is 'n aanduiding van die getalle wat die hele reeks ontvang het.

	Blankes	Asiate	Kleurlinge	Bantoes	Totaal
3—5 maande.....	3,954	155	184	3,048	7,341
6—11 maande.....	5,256	220	160	4,111	9,747
1—4 jaar.....	4,520	223	168	2,798	7,709
5—6 jaar.....	595	8	18	193	814
7—9 jaar.....	303	—	8	70	381
10—14 jaar.....	98	—	—	—	98
15—19 jaar.....	23	—	—	—	23
20—29 jaar.....	471	—	—	—	471
Swanger vrouens.....	103	—	—	—	103
Immigrante.....	111	—	—	—	111
TOTAAL.....	15,434	606	538	10,220	26,798
3de Dosisse.....	4,510	221	180	2,509	7,420

Die getal persone aan wie die 3de dosis gedurende 1964 gegee is, verskil nie veel van die getalle vir 1963 nie.

SKARLAKENKOORS:

Gevalle wat aangemeld is, is soos volg:—

	Blankes	Nieblankes	Totaal
Plaaslike gevalle.....	45 (30)	2 (2)	47 (32)
Ingevoerde gevalle.....	1 (2)	— (—)	1 (2)
Gevalle aangemeld uit ingelyfde gebiede.....	12	—	12

Plaaslike gevalle:

Soos voorheen word die siekte in 'n ligte graad opgedoen en daar is selde enige komplikasies.

Geeneen van hierdie gevalle was 'n volwassene nie maar vyf-en-twintig was skoliere en twee-en-twintig kinders van voorskoolse ouderdom. Drie-en-twintig was manlike pasiënte en vier-en-twintig vroulike pasiënte. Drie gevalle is in die Afsonderingshospitaal opgeneem en vier-en-veertig is afgesonder en tuis behandel.

Vier sekondêre infeksies is aangemeld. Hierdie gevalle het in huise voorgekom waar vorige onlangse gevalle aangemeld is.

Ingevoerde geval:

Die pasiënt, 'n vroulike Blanke skolier, het die siekte buite die Pretoriase munisipale gebied opgedoen, maar sy is afgesonder en tuis behandel.

DIFTERIE

Die volgende gevalle is gedurende die jaar aangemeld:

	Blankes	Nieblankes	Totaal
Plaaslike gevalle.....	13 (8)	30 (26)	43 (34)
Ingevoerde gevalle.....	— (1)	4 (—)	4 (1)
Sterftes onder plaaslike gevalle.....	— (1)	6 (6)	6 (7)
Voorkomssyfer per 100,000 van die bevolking (Plaaslike gevalle).....	7.5 (5.3)	14.2 (13.5)	11.2 (9.8)
Ingelyfde gebiede:			
Plaaslike gevalle.....	2	2	4
Ingevoerde gevalle.....	—	1	1
Sterftes.....	—	1	1

Plaaslike gevalle:

Die Nieblankegevalle was twee Asiate, een Kleurling en sewe-en-twintig Bantoes. Een van die gevalle was 'n volwassene, 20 was skoliere en twee-en-twintig kinders van voorskoolse ouderdom. Sewentien was manlike pasiënte en ses-en-twintig vroulike pasiënte.

Al die pasiënte is na die Afsonderingshospitaal vir behandeling verwyder.

Een sekondêre geval, 'n Asiaat, is aangemeld. Hierdie pasiënt het met 'n maat gespeel voordat die siekte by laasgenoemde ontdek is en hy na die hospitaal verwyder is.

Nege-en-dertig van die pasiënte was nog nooit tevore geïmmuniseer nie. Van die oorblywendes was twee gevalle ('n Blanke en 'n Bantoe) geïmmuniseer maar hulle het die siekte slegs in 'n ligte vorm gehad en twee pasiënte, albei manlike Blankes, van elf jaar en veertien jaar, het difterie onderskeidelik vier jaar en twaalf jaar vantevore opgedoen. Albei het die siekte slegs in 'n ligte vorm gehad.

Vier van die pasiënte (een Asiaat en drie Bantoes) wat tussen 17 maande en drie jaar oud was, het ongelukkig gesterf. Nie een van die gevalle is voorheen geïmmuniseer nie.

Twee pasiënte, 'n vroulike Blanke van nege jaar en 'n vroulike Bantoe van ses jaar is na die Afsonderingshospitaal vir behandeling van die difterie-DRAERtoestand verwyder.

Die volgende tabel toon die getal persone wat gedurende die afgelope 10 jaar by die Afdeling se kliniek teen difterie ingeënt is, saam met die getal gevalle wat gedurende dieselfde tydperk voorgekom het.

	Blankes		Nieblankes	
	Geïmmuniseer	Getal gevalle	Geïmmuniseer	Getal gevalle
1955.....	431	52	280	38
1956.....	989	26	3,345	57
1957.....	1,062	10	1,023	49
1958.....	1,123	18	1,174	63
1959.....	1,452	13	1,410	73
1960.....	1,411	22	1,486	61
1961.....	1,259	12	1,728	32
1962.....	2,427	30	2,224	46
1963.....	2,899	8	2,652	26
1964.....	3,060	17	2,697	35

Opmerking:

Die groot getal Nieblankes wat gedurende 1956 geïmmuniseer is, was die gevolg van 'n intensiewe immuniseringsveldtog wat by die Mamelodise Bantoewoongebied uitgevoer is.

Ingevoerde gevalle:

Die vier gevalle was almal Bantoes wat die siekte elders opgedoen het en reeds siek was toe hulle in Pretoria aangekom het. Hulle is na die Afsonderingshospitaal verwyder waar drie pasiënte, wat baie ernstig siek was toe hulle opgeneem is, ongelukkig gesterf het. Nie een van hierdie pasiënte is voorheen geïmmuniseer nie.

POKKIES

Een-en-twintig plaaslike gevalle en een ingevoerde geval is aangemeld.

Plaaslike gevalle:

Om verwarring te voorkom, word die verslag in twee aparte groepe, d.i. sporadiese gevalle en 'n uitbreking in 'n hospitaalafdeling, verdeel.

Sporadiese gevalle:

Drie gevalle van wie almal Bantoes was, is in hierdie groep aangemeld. Twee van die pasiënte was van die Bantoewoongebied Saulsville en een van Lady Selborne afkomstig.

Twee was manlike pasiënte van drie weke en 3 jaar en elf maande onderskeidelik. Verder was daar 'n vroulike pasiënt van vyf jaar. Al die pasiënte is na die Rietfonteinse Afsonderingshospitaal in Johannesburg verwyder waar die diagnose bevestig is.

Al die pasiënte het die siekte in 'n ligte vorm (Amaas of Alastrim) gehad en hulle het herstel.

Die gebruikelike voorsorgmaatreëls naamlik dat direkte kontakte onder kwarantyn geplaas word en ander kontakte ingeënt word, is getref. Die kontakte het ander pasiënte wat by die kliniek ten tyde van die ontdekking van die siekte aanwesig was, inwoners wat in die omgewing van die „besmette” huis woon, die kliniek- en hospitaalpersoneel, ambulansdrywers en die inentingspersoneel ingesluit.

Geen sekondêre gevalle is aangemeld nie. Nie een van die pasiënte was voorheen ingeënt nie.

UITBREKING IN HOSPITAALSAAL:

Agtien gevalle van wie almal Bantoes was, is aangemeld. 'n Volledige verslag van die uitbreking wat in 'n Nieblanke kindersaal plaasgevind het, is soos volg:

Op Vrydagmiddag, 7 Augustus 1964 is 'n versoek ontvang om 'n waterpokkiesgeval van saal 10, 'n Nieblanke kindersaal vir snykundige gevalle, tot die Stadsafsonderingshospitaal toe te laat. Voor die oorplasing is hierdie geval deur die Superintendent van die Afsonderingshospitaal ondersoek. Hy het bevind dat hoewel die letsels van die pasiënt (M.Z.), 'n manlike Bantoe van 8 jaar wat reeds 5 maande as 'n kroniese operasiegeval in die saal deurgebring het, die tipiese verspreiding van waterpokkies het, die aard van die letsels, afsonderlik en gesamentlik, op 'n minder ernstige vorm van pokkies-infeksie gedui het. In oorlegpleging met die destydse Waarnemende Stadsgesondheids-

hoof is daar besluit om hierdie geval na die Staatsafsonderingshospitaal te Rietfontein naby Johannesburg te verskuif.

In daardie stadium was daar 177 pasiënte en 5 loserende moeders wat hulle babas borsvoeding gegee het in Saal 10. Hierdie saal bestaan uit drie afdelings wat gedeeltelik verbind is en wat almal op 'n klein onbedekte gesamentlike speelterrein met 'n sementvloer uitkom. Een afdeling van Saal 10 is vir brandwondgevalle, 'n ander hoofsaaklik vir ortopediese gevalle en nog een vir diverse operasiegevalle, insluitend plastiese snykundegevalle, gereserveer.

Die volgende dag (8.8.1964) is die pasiënte en personeel van hierdie afdeling ingeënt. Sewe brandwondegevalle en een algemene operasiegeval was so ernstig siek dat daar besluit is om hulle nie in te ent nie.

Die getalle wat op 8 Augustus ingeënt is, was dus:

Pasiënte.....	169
Loserende moeders.....	5
TOTAAL.....	<u>174</u>

Nie ingeënt nie as gevolg van erns van ander ongesteldheid.....	8
Totale aantal in saal.....	<u>182</u>

Gedurende die inenting van pasiënte en personeel op dié dag is ontdek dat een pasiënt, K.M., 'n manlike Bantoe van 9 jaar wat 9 maande as 'n beenmurgontstekingspasiënt in hierdie saal deurgebring het en wat 'n verdagte waterpokkiesgeval was, in werklikheid besig was om van pokkies te herstel. Dit het dus voorgekom asof hierdie geval, wat M.Z. waarskynlik besmet het, self die siekte òf van een of ander „oorgeslane” geval wat reeds ontslaan was òf van 'n onbekende besoeker gekry het.

Dit sou geen doel dien om hierdie geval na die Rietfontein-hospitaal te stuur aangesien hy feitlik reeds van die siekte herstel het en dit is dus nie gedoen nie.

Op 10 Augustus is 'n verslag van die Stigting vir Poliomiëlitisnavorsing ontvang waarvolgens die pokkiesvirus (vaccinia-tipe) by M.Z. geïsoleer is. Dit het die vermoede bevestig dat hy aan 'n ander minder ernstige vorm van pokkies gely het.

Op Donderdag 13 Augustus is nog twee gevalle in Saal 10 ontdek en die volgende oggend nog een. Aangesien hierdie drie gevalle binne 6 tot 7 dae na die eerste gediagnoseerde geval (M.Z.) voorgekom het, het dit blykbaar daarop gedui dat meer gevalle verwag kon word. Met inagneming van die posisie in Saal 10, waar 'n groot aantal gevalle se toestand na operasie die moontlikheid van oorplasing na 'n afsonderingshospitaal soos dié by Rietfontein uitgesluit het, moes die kwessie van die moontlike isolering van Saal 10 oorweeg word.

'n Vergadering is gehou waarby die Superintendent van die Hospitaal, die Waarnemende Stads-gesondheidshoof en die Matrone van die Nieblanke sale aanwesig was. Al die voorsorgmaatreëls wat tot in daardie stadium getref is, is in hersiening geneem en bykomende voorsorgmaatreëls is bespreek. Daar is kortliks soos volg besluit.

1. Die hele Blanke en Nieblanke hospitaalpersoneel sowel as sekere uitgesoekte pasiënte (Blank en Nieblank) in die hospitaal, sou ingeënt word. (Dit is tussen 15 en 19 Augustus 1964 gedoen.)
2. Geen besoekers sou in Saal 10 toegelaat word nie en loserende moeders sou streng tot die saal beperk wees.
3. Alle verpleegsters en besoekende dokters sou maskers, musse, jasse en stewels dra; dit is die gebruiklike sterilisasie-maatreëls vir 'n operasiekamer.
4. Methisazone sou aan alle pasiënte en personeellede in Saal 10 toegedien word.

Op die oggend van 15 Augustus 1964 het twee verdere pokkiesgevalle voorgekom. Nie een van hierdie gevalle was van 'n ernstige aard nie en dr. Malherbe van die stigting vir Poliomiëlitisnavorsing het aangebied om die volgende oggend (16.8.1964) na die hospitaal te kom om self monsters te neem. Hy het dit gedoen en die pokkiesvirus (vaccinia-tipe) is by al die pasiënte geïsoleer.

By die bepaling van die mate van sukses wat behaal is met die inenting wat op 8.8.64 in Saal 10 uitgevoer is, het dit geblyk dat 56% van die eerste inentings effektief was. Hierdie persentasie van gevalle waar die entstof effektief was, is baie laer as die persentasie wat voorheen by gebruik van ons Suid-Afrikaanse entstof behaal is en die mening was dat dit te wyte was aan die feit dat 'n aantal pasiënte in hierdie afdeling net voorheen 'n inspuiting van immuun mensglobuliene ontvang het wat daardeur aan hulle 'n tydelike onvatbaarheid teen die uitwerking van die pokkiesentstof gegee het. Die voorgaande twee maande is immuun mensglobuliene aan feitlik alle pasiënte in die saal en aan alle nuwe gevalle wat toegelaat is, gegee in 'n poging om die uitbreking van masels te bestry wat die verwagte aantal sterftes, veral in die brandwondafdeling, laat styg het.

Intussen is methisazone op 15 Augustus, op aanbeveling van die Staatsgesondheidsdepartement, aan alle pasiënte en verplegingspersoneel in Saal 10 toegedien.

Die volgende pokkiesgevalle het nog in die saal voorgekom:

- 17 Augustus — 2 gevalle.
- 21 Augustus — 1 geval.
- 28 Augustus — 1 geval.
- 31 Augustus — 1 geval.
- 1 September — 2 gevalle.
- 3 September — 1 geval.
- 5 September — 1 geval.
- 7 September — 2 gevalle.

Op 10 September is die posisie weer in oënskou geneem en aangesien dit die mening was dat die uitwerking van die immuun mensglobuliene asook dié van die methisazone afgeneem het, is daar besluit om alle persone wat vatbaar is, met weeklikse tussenposes in te ent en weer in te ent.

Daar is ook besluit om die gevalle in die saal sover moontlik in vatbare, immuun en werklike gevalle te hergroepeer. Aanraking tussen die verskillende groepe is streng vermy.

'n Opsomming van die posisie soos op 10 September, word hieronder weergegee:—

Getal pasiënte met vorige bevredigende entmerke.....	95
Getal pasiënte wat vatbaar was en wat op 8 Augustus met sukses ingeënt is.....	33
Totale getal pasiënte wat teen 10.9.1964 met sukses ingeënt is.....	128
Getal pasiënte met geen entmerke wat op 10.9.1964 ingeënt is.....	26
Getal pasiënte wat geen entmerke gehad het nie maar wat as gevolg van brandwonde en/of ander toestande nie op 10.9.1964 ingeënt is nie.....	8
Getal pasiënte wat op 10.9.1964 vatbaar was.....	34

Sodra 'n brandwondgeval genoegsaam herstel het om ingeënt te word, is dit gedoen. Slegs een geval was egter so ernstig siek dat hy nie gedurende die uitbreking ingeënt is nie. Gelukkig het hy nie pokkies opgedoen nie.

Dit was ook interessant om op te merk dat 8 van die pasiënte wat geen tekens van vorige inenting getoon het nie, by 5 geleenthede onvatbaar gebly het toe vatbare pasiënte ingeënt is.

Op 15 September is besluit om die pasiënte wat met sukses ingeënt was en wat van die toestand herstel het waarvoor hulle aanvanklik tot die hospitaal toegelaat is, te ontslaan.

Aangesien daar geen verdere gevalle na 7 September voorgekom het nie, is die kwarantyn tydperk op 10 Oktober beëindig. Daar is op hierdie dag besluit deur 16 dae vir die algehele herstel van die laaste geval toe te laat en nog 16 dae by die kwarantyn tydperk by te voeg.

Ingevoerde gevalle:

Een geval, 'n Bantoevrou van 21 jaar wat nie ingeënt was nie, is uit die Bantoewoongebied Lady Selborne aangemeld.

Die pasiënt het die siekte opgedoen terwyl sy familieledede in Noord-Transvaal besoek het en haar toestand is eers 4 dae na haar terugkeer in Pretoria ontdek. Sy het net voor haar terugkeer na Pretoria siek geword.

Sy is tot die afsonderingsale van die Rietfontein hospitaal naby Johannesburg toegelaat waar sy herstel het.

Alle voorsorgmaatreëls is getref en geen sekondêre gevalle is aangemeld nie.

Een van die gevalle was 'n volwasse Bantoeman van die oostelike voorstede. Nadat hierdie pasiënt vir etlike dae die bed gehou het op die perseel van sy werkgewer, wat onder die indruk verkeer het dat die pasiënt aan waterpokkies ly, het hy teen die advies van sy werkgewers besluit om na familieledede in Mamelodi te gaan. Hy het twee dae, 'n Saterdag en 'n Sondag, daar deurgebring en op die Maandagoggend by die Buitepasiënte-afdeling van die Algemene Hospitaal vir behandeling aangemeld waar vasgestel is dat hy aan pokkies (amaas) gely het. Daar is onmiddellik gereël dat hy na die Rietfonteinse Afsonderingshospitaal naby Johannesburg oorgeplaas word en alle persone met wie hy by die Buitepasiënte-afdeling in aanraking was, is onverwyld ingeënt. Eers nadat ondersoek ingestel is by die plek waar hy in diens was, is vasgestel dat hy Mamelodi gedurende die naweek besoek het. Die adres was egter onbekend. Daar is met die Rietfontein hospitaal in verbinding getree om van die pasiënt te verneem waar hy besoek afgelê het. Ongelukkig kon die pasiënt net berig dat hy 'n gesin Mampane iewers in blok N, Mamelodi, besoek het; hy het nie geweet wat die nommer van die huis was nie. Al die gesinne met die familienaam Mampane wat in blok N. woon, is besoek maar geeneen van hulle was met hierdie pasiënt bekend nie. Daar is toe besluit om alle inwoners van blok N. in te ent. Die kliniekopgawes by Mamelodi is intussen nagegaan om pasiënte met die familienaam Mampane op te spoor en hulle adresse is nagegaan. Alhoewel daar nie onmiddellik sukses behaal is nie, is die aangeleentheid in Mamelodi deur die Afdeling bekend gemaak met die gevolg dat 'n Bantoevrou van blok M by die kliniek aangemeld het dat sy met 'n pokkiesgeval in aanraking was en dat sy ingeënt wou word. Die „besmette” woning is onmiddellik opgespoor en die gesin wat daar woon, tesame met kontakte van verskeie omliggende wonings asook 'n Bantoebediende in Villieria is onder kwarantyn geplaas en ingeënt.

Alhoewel die Blankes en Nieblankes by die pasiënt se werkplek asook enkele ander Nieblankes in die omgewing met wie die pasiënt in aanraking kon gewees het, ingeënt is kort nadat die geval ontdek is, is daar, aangesien die gewoontes van die Bantoe bekend is, gevrees dat hy miskien met ander bediendes in hierdie voorstad in aanraking was. Die Waterkloofskool het vriendelik toegestem dat 'n inentingsentrum vir Blankes en Nieblankes twee dae lank daar opgerig word sodat die publiek van hierdie gebied ingeënt kon word. Die feit dat 'n inentingsentrum daar opgerig is, is onder die inwoners van die omgewing se aandag gebring deur kennisgewings onder die kinders van vier skole in hierdie gebied te versprei.

Dit is bemoedigend om te berig dat geen verdere gevalle in Mamelodi of die voorstad waar die geval aanvanklik siek geword het, aangemeld is nie.

Benewens sekere inwoners van hierdie gebied wat by ons gebruiklike weeklikse kliniek ingeënt is, is daar 2,243 kontakte en ander persone as gevolg van die geval ingeënt.

- S. M. J. ENGEL, Sertt. S.A. Geneeskundige Raad (Alg. & Verlosk.) K.G.G. Gesondheidsbezoekster en Skoolverpleegster, Moederkunde.
 D. G. MORGAN, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Moederkunde, K.G.G., Gesondheidsbezoekster.
 H. C. BUHRMAN, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster.

NIEBLANKE VERPLEEGSTERS

- S. HUMA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 A. NTJA, Sert. Verloskunde.
 G. MOTHEMELA, Sertt. Verloskunde en Hulpverpleging.
 D. THELEDI, Sert. Verloskunde.
 E. NDUNA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 S. MOFOLO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 H. SESOKO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 F. MANAMELA, Sertt. Verloskunde en Hulpverpleging.
 M. MOHOHLO, Sert. Verloskunde.
 A. RAMAHLO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbezoekster en Skoolverpleegster.
 F. MATHAPO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 E. PUOANE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 G. MALEBYE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G., Gesondheidsbezoekster en Skoolverpleegster.
 I. PUOANE, Sert. Verloskunde.
 M. MONTIEDI, Sert. Verloskunde.
 F. MAPHALLA, Sert. S.A. Geneesk. Raad (Alg.)
 W. SOKO, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 J. MOTSHABI, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 C. F. MOCHE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 E. G. MAKGOLO, Sert. Verloskunde.
 E. DAU, Sert. Verloskunde.
 J. R. MTOMBENI, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) K.G.G.
 A. R. MUSHI, Sertt. S.A. Geneesk. Raad. (Alg. & Verlosk.) K.G.G.
 E. MABIZELA, Sert. Verloskunde.
 E. J. M. SHILANE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 F. E. SIBIYA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 H. M. MOTSETE, Sert. Verloskunde.
 T. N. NGOBESE, Sert. S.A. Geneesk. Raad (Alg.)
 E. C. B. NTSHINGA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster en Skoolverpleegster.
 M. T. MASOKA, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster.
 V. M. MOKUENA, Sert. S.A. Geneesk. Raad (Verlosk.).
 L. P. NDABA, Sert. S.A. Geneesk. Raad (Verlosk.)
 G. MOLETE, Sert. S.A. Geneesk. Raad (Verlosk.)
 S. KUMALO, Sert. S.A. Geneesk. Raad (Verlosk.)
 E. NGOLASE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 K. MOUNT, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.), Gesondheidsbezoekster.
 C. MAKURUNTSI, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.)
 I. M. TSHIYASE, Sertt. S.A. Geneesk. Raad (Alg. & Verlosk.) Sert. in Oogverpleging, Gesondheidsbezoekster.

NIEBLANKE VERPLEEGASSISTENTE

- V. MONARE, Sertt. Verloskunde en Hulpverpleging.
 F. MAMABOLO, Sert. Verloskundige Hulpverpleging.
 A. NKOSI, Sert. Hulpverpleging.
 L. G. N. MOTHOA, Sertt. Verloskunde en Algemene Verpleging.

NIEBLANKE KLINIEKHELPERE

- | | |
|--------------|-------------------|
| J. MOHOHLO. | H. SATHEKGE. |
| J. MONTIEDI. | P. D. C. MAKUENA. |
| J. MOFOKENG. | |

NIEBLANKE KLINIEKKLERKE

- | | |
|------------------|---------------|
| B. R. MANYOROLA. | J. DIBAKWANE. |
| J. MAKONE. | J. MOATSHE. |

OPPASSERS VAN OPENBARE TOILETGERIEWE

Agt Blankes.

Vier Nieblankes.

SKUTMEESTERS

J. H. B. VAN STADEN.

J. F. VAN STADEN.

TOEWADRYWER

N. D. PRINSLOO.

OPSIGTER

MEV. C. P. DE KLERK.

STADSRAAD VAN PRETORIA

EEN-EN-SESTIGSTE JAARVERSLAG

VAN DIE

Stadsgesondheidshoof

Hoofstuk I

DEEL I. KLIMAAT EN ANDER GEGEWENS

DIE KLIMAAT.

Breedtegraad: 25 grade, 44 minute, 3 sekondes suid.

Lengtegraad: 1 uur, 52 minute, 48 sekondes oos.

Gemiddelde Hoogte: 4,480 voet.

Temperatuur: (Statistiek vriendelik verskaf deur die Direkteur, Weerburo, Pretoria).

1964	Lugtemperatuur (°C)					Gem. relatiewe		Reënval	
	Gem. maks. °C	Gem. min. °C	Hoogste lesing van maks. °C	Laagste lesing van min. °C	Gem. vogtigheid om 8 vm. %	2 nm. %	mm.	dae.	
Januarie.....	27.8	15.4	33.5	12.2	74	52	200.9	19	
Februarie.....	29.8	16.3	34.1	14.1	73	42	71.0	10	
Maart.....	28.9	15.7	31.6	13.0	71	41	60.6	9	
April.....	24.6	11.1	30.4	4.4	70	38	38.9	7	
Mei.....	21.9	5.7	26.0	3.0	75	33	6.8	2	
Junie.....	17.0	0.3	22.4	—5.3	78	32	4.4	2	
Julie.....	18.0	0.4	23.5	—3.4	67	28	0.0	0	
Augustus.....	21.0	4.8	28.0	—1.6	62	28	0.2	1	
September.....	25.8	9.6	30.5	3.7	51	25	15.5	1	
Oktober.....	24.7	12.8	30.6	6.5	67	45	174.5	19	
November.....	27.4	13.9	31.7	7.0	59	36	27.0	10	
Desember.....	25.9	14.3	30.7	10.0	77	52	205.0	18	

GROOTTE VAN MUNISIPALE GEBIED

Pretoria en voorstede, met inbegrip van Dorpsgrond, beslaan 70.73 vk. myl. Die stad lê op en tussen drie parallel-lopende reekse kwartsietrante, wat oos en wes strek, met valleie tussen-in wat hoofsaaklik skaliegrond bevat.

JAARLIKSE BELASBARE WAARDES: 31 DESEMBER 1964

Belasbare eiendom:

Grond.....	R125,372,347.00
Verbeteringe.....	233,447,517.00
TOTAAL.....	<u>R358,819,864.00</u>

Onbelasbare en vrygestelde eiendom:

Grond.....	R 50,155,230.00
Verbeteringe.....	55,444,300.00
	<u>R105,599,530.00</u>

DEEL 2. BEVOLKINGSTATISTIEK

BEVOLKING

Blankes.....	172,000
Bantoes.....	198,000
Asiate.....	8,000
Kleurlinge.....	5,000

Die bevolkingsyfer, behalwe dié vir Bantoes, is volgens skatting op 31 Desember 1964 wat goedgunstiglik verkry is van die Buro vir Statistiek aan wie ons dank verskuldig is vir die statistieke wat gereedelik verskaf is wanneer daarom gevra is. Bogemelde skatting is gebaseer op die aanname dat die neiging wat hom gedurende die sensusse van 1951 en 1960 geopenbaar het, konstant sal bly.

Die Bantoebevolking word op 198,800 geskat, met inbegrip van dié van die nuwe Bantoeoordorp Mamelodi (Vlakfontein), wat heeltemal onder die jurisdiksie en beheer van die Stadsraad van Pretoria is, hoewel buite die munisipale gebied geleë. Alle syfers en bevolkingstatistieke vir Bantoes wat in hierdie verslag verskyn, sluit Mamelodi in, wat, volgens opdrag van die Staatsdepartement van Gesondheid, as deel van die munisipale gebied van die Stad Pretoria beskou moet word.

Groter Pretoria het op 1 Julie 1964 met die inlywing van die munisipaliteite van Pretoria-Noord en Silverton en sowat vyftig dorpsgebiede en landbouhoewes, wat voorheen onder die regsbevoegdheid van die Gesondheidsraad vir Buitestedelike Gebiede geressorteer het, tot stand gekom.

Die bevolkingstatistiek van hierdie verslag verwys slegs na die oorspronklike munisipale gebied van Pretoria. Die statistiek van die volgende jaarverslag sal vir Groter Pretoria geld.

Vir algemene inligting word 'n opsomming van die aantal geboortes en sterfgevallen wat in die nuut ingelyfde gebiede gedurende die tydperk 1 Julie 1964 tot 31 Desember 1964 voorgekom het, ook aan die einde van hoofstuk 1 van hierdie verslag voorsien.

Hierna volg die vernaamste bevolkingstatistieke vir die verslagjaar, met korreksies vir gevalle wat elders tuis behoort:

	Blankes	Bantoes	Asiate	Kleurlinge	Totaal Nie- Blankes	Alle rasse
Bevolking.....	172,000	198,800	8,000	5,000	211,800	383,800
Geboortes.....	25.06	33.20	22.50	28.40	32.68	29.27
Sterftes.....	7.33	10.84	5.50	11.40	10.65	9.16
Kindersterftes per 1,000 lewend geborenes.....	30.39	91.67	61.11	77.46	90.58	66.60
Persentasie buite-egtelike kinders tot lewend geborenes.....	1.69	39.82	1.67	14.08	38.30	24.25
Sterftes aan tuberkulose (pulmonêre) per 1,000 bevolking.....	0.02	0.16	—	0.50	0.16	0.09
Sterftes aan tuberkulose, alle soorte, per 1,000 van bevolking.....	0.02	0.18	—	0.50	0.17	0.11

GEBORTES

Die in Pretoria geregistreerde geboortes gedurende die jaar (syfers vir 1963 in hakies) is soos volg:

	Blankes	Bantoes	Asiate	Kleurlinge	Totaal Nie- Blankes	Alle rasse
Plaaslikes.....	4,310 (4,417)	6,600 (7,736)	180 (188)	142 (185)	6,922 (8,109)	11,232 (12,526)
Waar moeders nie Pretoria-inwoners is nie.....	1,889 (2,473)	1,335 (1,051)	29 (35)	17 (25)	1,381 (1,111)	3,270 (3,584)
Buite-egtelike kinders (by plaaslikes inbegrepe).....	73 (91)	2,628 (3,255)	3 (6)	20 (31)	2,651 (3,292)	2,724 (3,383)
Doodgeborenes.....	45 (36)	192 (195)	5 (5)	9 (—)	206 (200)	251 (236)

GEBORTES

Blankes.....	25.06	(26.17)
Bantoes.....	33.20	(39.76)
Asiate.....	22.50	(23.50)
Kleurlinge.....	28.40	(37.76)
Alle Nieblankes.....	32.68	(39.09)
Alle rasse.....	29.27	(33.29)

Hier volg die natuurlike aanwas, dit wil sê die getal waarmee die geboortes die sterftes oortref in verhouding tot die bevolking:

Blankes.....	17.73	(18.81)
Asiate.....	17.00	(18.00)
Kleurlinge.....	17.00	(24.90)

Vir die Bantoes word die syfers nie aangegee nie omdat hulle geboortebekendmakings baie onnoukeurig is.

STERFTES

(Syfers vir 1963 tussen hakies).

	<i>Blankes</i>	<i>Bantoes</i>	<i>Asiate</i>	<i>Kleurlinge</i>	<i>Totaal Nieblankes</i>	<i>Alle rasse</i>
Plaaslike sterftes (alle ouderdomme).....	1,261 (1,242)	2,154 (1,944)	44 (44)	57 (63)	2,255 (2,051)	3,516 (3,293)
Persone wat nie alhier woonagtig is nie.....	742 (849)	1,661 (821)	8 (5)	30 (30)	1,699 (856)	2,441 (1,705)

Die „nie-plaaslike” sterftes het plaasgevind in:

	<i>Pretoria en ander hospitale</i>	<i>Hospitaal vir sielsiektes</i>	<i>Inrigting vir melaatses</i>	<i>Gevangenis</i>	<i>Besoekers</i>
Blankes.....	678 (785)	61 (57)	— (1)	1 (5)	2 (1)
Nieblankes.....	1,576 (744)	32 (37)	11 (5)	75 (65)	4 (—)

STERFTESYFERS

Blankes.....	7.33	(7.36)
Bantoes.....	10.84	(9.99)
Asiate.....	5.50	(5.50)
Kleurlinge.....	11.40	(12.86)
Alle Nieblankes.....	10.65	(9.89)
Totaal alle rasse.....	9.16	(8.75)

KINDERSTERFTES

(Syfers vir 1963 tussen hakies.)

	<i>Blankes</i>	<i>Bantoes</i>	<i>Asiate</i>	<i>Kleurlinge</i>	<i>Totaal Nieblankes</i>	<i>Alle rasse</i>
Plaaslikes.....	131 (144)	605 (647)	11 (11)	11 (17)	627 (675)	758 (819)
Van kinders wie se moeders vir bevalling na die stad gekom het of wat dood is aan siekte waaraan hulle gely het toe hulle hierheen gebring is.....	70 (104)	260 (142)	4 (2)	1 (4)	265 (148)	335 (252)
	201 (248)	865 (789)	15 (13)	12 (21)	892 (823)	1,093 (1,071)

KINDERSTERFTESYFERS

Blankes.....	30.39	(32.60)
Bantoes.....	91.67	(83.63)
Alle Nieblankes.....	90.58	(83.24)
Alle rasse.....	66.60	(65.38)

TABEL VAN KINDERSTERFTESYFERS VIR ALLE RASSE SEDERT 1926-1927

Jaar	Blankes	Bantoes	Alle Nieblankes	Totaal Alle rasse
1926—1927.....	48.48	385.51	315.31	137.49
1936—1937.....	52.66	450.24	269.49	99.42
1946—1947.....	25.90	235.16	178.27	53.78
1947—1948.....	33.16	1138.78	127.30	52.78
1948—1949.....	33.65	203.06	170.77	60.97
1949—1950.....	32.34	181.97	165.83	92.97
1950—1951.....	28.98	151.51	136.93	77.94
1951—1952.....	30.26	136.86	133.91	80.53
1952—1953.....	28.14	113.94	108.70	66.21
1953—1954.....	35.57	129.98	124.07	76.92
1954—1955.....	29.67	121.09	115.79	71.61
1956.....	21.31	170.25	164.25	96.37
1957.....	27.56	116.51	112.44	80.81
1958.....	24.64	113.48	111.46	78.11
1959.....	24.94	117.07	115.94	82.08
1960.....	26.99	101.50	100.30	71.62
1961.....	26.08	112.42	110.61	80.80
1962.....	28.45	92.12	90.81	71.25
1963.....	32.60	83.63	83.24	65.38
1964.....	30.39	91.67	90.58	66.60

Vir Asiate en Kleurlinge is die getalle te gering om die berekening van die verhouding van enige waarde te maak.

Kindersterftes by Blankes is veroorsaak deur:—

	1964	1963
Wanvoeding.....	—	1 (Verh. .23)
Aangebore oorsake.....	15 (Verh. 3.48)	10 (Verh. 2.26)
Diarreesiektes.....	11 (Verh. 2.55)	12 (Verh. 2.72)
Brongitis en pneumonie.....	13 (Verh. 3.02)	15 (Verh. 3.40)
Aansteeklike siektes.....	1 (Verh. .23)	2 (Verh. .45)
Ander oorsake.....	8 (Verh. 1.86)	7 (Verh. 1.59)
Vroeggeboorte.....	47 (Verh. 10.90)	61 (Verh. 13.81)
Geboortebesering.....	18 (Verh. 4.18)	10 (Verh. 2.26)
Atelektase.....	18 (Verh. 4.18)	26 (Verh. 5.89)
TOTAAL: Blanke kindersterftes...	<u>131</u>	<u>144</u>

Kindersterftes by Nieblankes is veroorsaak deur:

	1964	1963
Aangebore oorsake.....	5	8
Diareesiektes.....	145	159
Brongitis en pneumonie.....	167	201
Aansteeklike siektes.....	11	9
Tuberkulose (pulmonêr).....	—	1
Tuberkulose (ander soorte).....	—	1
Ander oorsake.....	86	94
Vroeggeboorte.....	115	141
Geboortebesering.....	41	46
Wanvoeding.....	14	7
Atelektase.....	21	10
	<u>605</u>	<u>677</u>

Hierna verskyn die tabel met die getalle Nieblanke geboortes en kindersterftes gedurende die verslagjaar in die verskillende woongebiede vir Nieblankes:

Bantoes:

Mamelodi-lokasie		Atteridgeville-lokasie		Herculesgebied		Stad	
Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes
1935	216	2,318	191	2,065	169	282	29
(1986)	(162)	(2,787)	(225)	(2,550)	(218)	(413)	(32)

Asiate:

Asiatebuurt		Herculesgebied		Stad	
Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes
124	9	27	2	29	—

Kleurlinge:

Kleurlinglokasie		Herculesgebied		Stad		Eersterust en Derdepoot	
Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes	Geboortes	Sterftes
57	3	40	3	—	—	45	5

Oorsake van dood tussen 1 en jonger as 5 jaar vir verskillende rasse:

Blankes.:

Sewentien sterftes is onder dié ouderdomsgroep aangeteken:

Bloedarmoede.....	1
Hartspierverswakking.....	1
Brongopneumonie.....	7
Diarree en enteritis.....	4
Swak omskrewe oorsake.....	1
Vergiftiging wat nie per ongeluk plaasgevind het nie.....	1
Ongelukke—onbepaald.....	2
	17

Bantoes:

Vierhonderd-ses-en-dertig sterftes is onder dié ouderdomsgroep aangeteken:

Pellagra.....	1
Septisemie.....	1
Difterie.....	3
Kinkhoes.....	1
Tetanus.....	1
Tuberkulose (pulmonêr).....	2
Tuberkulose (ander soorte.).....	1
Masels.....	9
Ingewandsobstruksie.....	1
Wanvoeding.....	41
Meningitis.....	7
Akute sinusontsteking.....	1
Aangebore hartkwale.....	4
Pulmonêre kongestie.....	1
Brongopneumonie en brongitis.....	160
Siektes van die lewer.....	1
Diarree en enteritis.....	135
Siektes van die niere.....	2
Aangebore misvormdheid.....	1
Ongelukke: Ander.....	1
Brandwonde.....	6
Verdrinking.....	2
Motorongelukke.....	1
Onbekende en onaangeduide oorsake.....	53
	436

Asiate:

Drie sterftes is in hierdie ouderdomsgroep aangeteken:

Brongopneumonie.....	1
Diarree en enteritis.....	2
	3

Kleurlinge:

Vyf sterftes is in hierdie ouderdomsgroep aangeteken:

Diarree en enteritis.....	3
Swak omskrewe oorsake.....	1
Meningitis.....	1
	5

VERNAAMSTE DOODOORSAKE BY PERSONE VAN 5 JAAR EN OUER.

Die vernaamste doodoorsaake was:—

		Blankes		Nieblankes
		Jaarlikse		Jaarlikse
		Gemid. vir		gemid. vir
		5 jaar		5 jaar
Kanker.....	132	128.2	80	69.4
Hartkwale.....	389	337.2	171	137.2
Brongitis en pneumonie (alle vorme)...	145	131.40	257	239.2
Influenta.....	—	—	—	.2
Tifoïde.....	—	.1	3	2.0
Tuberkulose (pulmonêr).....	4	2.0	28	33.2
Tuberkulose (ander soorte).....	—	.1	2	5.2
Suikersiekte.....	12	3.4	14	6.2
Beroerte.....	75	70.2	52	39.6
Siekte van niere.....	14	35.6	16	23.4
Siekte van slagare.....	13	27	5	11
Siekte van lewer en galblaas.....	16	14	15	11.80
Siekte van swangerskap en kraamtydperk	—	.2	10	6
Ouderdom.....	11	15	11	14.4
Selfmoord.....	11	21	20	12.2
Ongelukke.....	52	63.4	138	94.6
Moord.....	3	.6	78	17.6
Ander aansteeklike siektes.....	5	2	9	10
Ander oorsaake.....	231	172.2	281	247.2

BESONDERHEDE VAN DOODOORSAKE: VYF JAAR EN OUER

In al die volgende tabelle verskyn syfers vir 1963 tussen hakies:

1. KANKER:

Blankes 132. Sterftesyfer 0.77 per 1,000 van bevolking.

Liggaamsdeel aangetas:

Mond- en keelholte.....	1	(2)
Asemhalingsweë (long).....	24	(18)
Baarmoeder.....	8	(9)
Ander vroulike geslagsorgane.....	1	(1)
Bors.....	10	(9)
Manlike en vroulike urineorgane.....	5	(15)
Brein en ander dele van die senustelsel.....	6	(4)
Rektum.....	1	(4)
Dikderm.....	3	(—)
Bene.....	4	(1)
Ander en onaangeduide organe.....	8	(20)
Slukderm.....	3	(1)
Maag en duodenum.....	19	(34)
Lewer.....	8	(8)
Alvleisklier.....	1	(8)
Strottehoof.....	3	(1)
Prostaat.....	5	(7)
Eierstokke.....	3	(3)
Vel.....	5	(2)
Limfkliere.....	14	(—)
	<u>132</u>	<u>(151)</u>

Leeftyd by Afsterwe.

Onder:—

40 Jaar	40—50	50—60	60—70	70—80	Bo 80	Totaal
13 (16)	14 (14)	31 (36)	38 (33)	21 (37)	15 (15)	132 (151)

Nieblankes:

Liggaamsdeel aangetas:

Bantoes:

Mond- en keelholte.....	2	(1)
Ander verteringsorgane en buikvlies.....	1	(—)
Long.....	4	(7)
Baarmoeder.....	9	(10)
Bors.....	1	(3)
Maag en duodenum.....	5	(3)
Manlike en vroulike urineorgane.....	2	(3)
Vroulike geslagsorgane.....	2	(—)
Alvleisklier.....	2	(—)
Bene.....	1	(1)
Ander en onaangeduide organe.....	7	(6)
Gewasse op brein en ander dele van senustelsel.....	1	(3)
Slukderm.....	13	(19)
Strottehoof.....	1	(6)
Skildklier.....	1	(—)
Lewer.....	17	(12)
Prostaat.....	2	(2)
Rektum.....	1	(—)

Asiate:

Lip.....	1	(—)
Slukderm.....	—	(1)
Maag.....	3	(—)
Bors.....	1	(1)

Kleurlinge:

Slukderm.....	—	(—)
Manlike en vroulike urineorgane.....	—	(—)
Maag en duodenum.....	1	(1)
Long.....	2	(2)
	<u>80</u>	<u>(82)</u>

2. HARTKWALE:

Sterftesyfer per 1,000 van Blanke bevolking 2.26 (2.07).

Blankes 389 (350)

Nieblankes 171 (111)

[Bantoes 152 (85), Asiate 12 (16), Kleurlinge 7 (10)].

3. BRONGITIS EN PNEUMONIE:

Blankes 145 (151)

Nieblankes 257 (238)

[Bantoes 243 (223), Asiate 3 (5), Kleurlinge 11 (10)].

4. INFLUENSA:

Blankes — (—)

Nieblankes — (1)

[Bantoes — (1)].

5. TIFOÏDE:

Blankes — (—)

Nieblankes 3 (7)

Bantoes 3 (7)

6. TUBERKULOSE:

Blankes 4 (1)

Nieblankes 30 (31)

[Bantoes 28 (31), Kleurlinge 2 (—), Asiate — (—)].

7. SUIKERSIEKTE

Blankes 12 (7)

Nieblankes 14 (9)

[Bantoes 9 (8), Asiate 4 (1), Kleurlinge 1 (—)].

8. BEROERTE:

Blankes 75 (80)
 Nieblankes 52 (45)
 [Bantoes 50 (42), Asiate 1 (2), Kleurlinge 1 (1)].

9. SIEKTES VAN DIE NIERE:

Blankes 14 (20)
 Nieblankes 16 (23)
 [Bantoes 16 (23), Asiate — (—), Kleurlinge — (—)].

10. SIEKTES VAN DIE SLAGARE:

Blankes 13 (22)
 Nieblankes 5 (4)
 [Bantoes 5 (4), Kleurlinge — (—)].

11. SIEKTES VAN DIE LEWER EN GALBLAAS:

Blankes 16 (11)
 Nieblankes 15 (15)
 [Bantoes 14 (11), Kleurlinge 1 (4)].

12. SIEKTES VAN SWANGERSKAP EN DIE KRAAMTYDPERK.

Blankes — (—)
 Nieblankes 10 (8)
 [Bantoes 10 (8)].

13. OUDERDOM:

Blankes 11 (17)
 Nieblankes 11 (10)
 [Bantoes 8 (9), Asiate 1 (—), Kleurlinge 2 (1)].

14. SELFMOORD:

Blankes 11 (18)
 Nieblankes 20 (8)
 [Bantoes 19 (7), Kleurlinge — (1), Asiate 1 (—)].

15. MOORD:

	Blankes		Bantoes		Asiate		Kleurlinge	
Per vuurwapens.....	1	(—)	5	(1)	—	(—)	—	(—)
Per sny- of steekvoorwerp.....	—	(—)	62	(16)	—	(—)	1	(1)
Per ander aangeduide middels.....	—	(—)	9	(4)	—	(—)	—	(—)
Vergiftiging wat nie per ongeluk plaasge- vind het nie.....	2		1					

16. ONGELUKKE:

Blankes 52 (56)
 Nieblankes 138 (69)
 [Bantoes 136 (67), Asiate — (1), Kleurlinge 2 (1)].

	Blankes		Bantoes		Asiate		Kleurlinge	
Op spoorweë.....	2	(—)	4	(3)	—	(—)	—	(—)
Per motor, padvoertuie (buiten motorfietse)..	14	(29)	42	(24)	—	(1)	—	(—)
Per motorfietse.....	—	(1)	1	(—)	—	(—)	—	(—)
Per brandwonde (nie groot brande nie).....	—	(1)	—	(7)	—	(—)	—	(—)
Per werktuiglike versmoring.....	2	(—)	8	(1)	—	(—)	—	(—)
Per verdrinking.....	2	(2)	2	(3)	—	(—)	—	(—)
Per val.....	1	(3)	5	(—)	—	(—)	—	(—)
Per verwoestende brand.....	3	(1)	7	(—)	—	(—)	—	(—)
Per alkohol.....	—	(—)	1	(1)	—	(—)	—	(—)
Per gifgasse.....	—	(—)	—	(3)	—	(—)	1	(—)
Per vergiftiging (nie met gas nie).....	—	(—)	—	(1)	—	(—)	—	(—)
Per vuurwapens.....	4	(3)	—	(—)	—	(—)	—	(—)
Per elektriese stroom.....	—	(—)	1	(—)	—	(—)	—	(—)
Ander en onaangeduide ongelukke.....	24	(17)	64	(24)	—	(—)	1	(1)
Per weerlig.....	—	(—)	1	(2)	—	(—)	—	(—)
	52	(56)	136	(69)	—	(1)	2	(1)

INGELYFDE GEBIEDE SEDERT 1 JULIE 1964

GEBOORTES

	<i>Blankes</i>			<i>Bantoes</i>		
	<i>Manlik</i>	<i>Vroulik</i>	<i>Totaal</i>	<i>M</i>	<i>V</i>	<i>Totaal</i>
Pretoria-Noord.....	99	97	196	2	7	9
Silverton.....	48	47	95	—	1	1
Ander gebiede.....	269	255	524	42	44	86
	416	399	815	44	52	96

STERFTES

	<i>Blankes</i>			<i>Bantoes</i>		
	<i>Manlik</i>	<i>Vroulik</i>	<i>Totaal</i>	<i>Manlik</i>	<i>Vroulik</i>	<i>Totaal</i>
Pretoria-Noord.....	25	18	43	—	—	—
Silverton.....	9	8	17	—	—	—
Ander gebiede.....	65	49	114	50	32	82
	99	75	174	50	32	82

Hoofstuk II

AANSTEEKLIKE SIEKTES

ALGEMEEN:

Alle syfers vir verlede jaar (1 Januarie tot 31 Desember 1963) word in hakies verstrek. Tabelle wat gebiedsverspreiding, ouderdom en seisoensverspreiding aandui, verskyn aan die end van die verslag.

Die verslag handel oor aansteeklike siektes wat in die munisipale gebied soos dit was voordat die buitegebiede op 1 Julie 1964 ingelyf is, voorgekom het. Vir opgewedoeleindes word gevalle wat uit die ingelyfde gebiede slegs vir die tydperk van 1 Julie tot 31 Desember aangemeld was, egter apart onder die opskrif „Ingelyfde Gebiede” aangetoon.

TIFOÏDE.:

	Blankes		Nieblankes		Totaal	
Plaaslike gevalle.....	—	(5)	29	(19)	29	(24)
Ingevoerde gevalle.....	2	(2)	5	(8)	7	(10)
Voorkomssyfer per 100,000 van die bevolking (plaaslike gevalle).....	—	(3.0)	13.7	(9.1)	7.6	(6.4)
Sterftes onder plaaslike gevalle.....	—	(—)	1	(7)	1	(7)
Plaaslike gevalle in ingelyfde gebiede.....	1		1		2	
Sterftes.....	—		1		1	

PLAASLIKE GEVALLE:

Van die 29 Nieblankegevalle wat aangemeld is, was een 'n Asiaat en agt-en-twintig Bantoes. Al die pasiënte is na die afsonderingsale vir behandeling verwyder.

Daar was vier sekondêre infeksies. Al hierdie gevalle het voorgekom in huise waar 'n vorige onlangse geval aangemeld is.

In twee gevalle is 'n gemeenskaplike infeksiebron gevind.

Daar was geen uitbreking wat deur melk veroorsaak is nie.

By die nasporing van die bronne van infeksie is nege verdagte gevalle getoets om 'n moontlike draertoestand vas te stel. Die verslag oor die bloedmonsters van een was Vi-positief. Tifoïdebacilli het egter nie in herhaalde stoelgang- en urinekulture gekweek nie.

TOETSE WAT IN VERBAND MET DIE TIFOÏDE-DRAERTOESTAND UITGEVOER IS

	Aantal persone getoets vir Vi.		Bloed Vi-positief bevind		Ontlasting en urine positief bevind	
Tifoïde-ondersoeke.....	9	(6)	1	(3)	—	(—)
Voornemende melkerywerkers.....	260	(89)	29	(7)	—	(—)
Ander voedselhanteerders.....	28	(21)	5	(7)	—	(—)

BEHANDELING VAN TIFOÏDE-DRAERS:

In my verslag vir die jaar 1963 het ek besonderhede in verband met die Ampicillin-behandeling van twee hardnekkige tifoïde-(fekale)-draers verstrek. Albei pasiënte se ontlasting is reeds vir twee jaar aanhoudend negatief. Ander gevalle wat dergelike behandeling ontvang het, het nie gereageer nie en 'n mens moet versigtig wees wanneer gevolgtrekkings uit die resultate van die twee gevalle waarna hierbo verwys is, gemaak word.

TIFOÏDE-DRAERKAMP:

Nieblanke melkerywerkers, werknemers by die munisipale waterwerke, ander Nieblanke werknemers wat met voedsel werk en persone wat met 'n geval van tifoïde in aanraking was, word gereeld deur die Gesondheidsafdeling ondersoek. Manlike gevalle wat Vi-positief is, word onmiddellik deur die Raad in diens geneem. Hier word hulle ontlasting en urine gereeld ondersoek en hulle word onder beheer gehou.

Ingevoerde gevalle:

Van die ingevoerde gevalle was een ('n Bantoe) 'n inwoner van Pretoria wat die siekte buite die Pretoriase munisipale gebied opgedoen het. Die orige ses gevalle (twee Blankes en vier Bantoes) is pasiënte wat die siekte elders opgedoen het en 'n tydperk by familieleden of vriende in Pretoria ingewoon het voordat die gevalle ontdek is en hulle in die Afsonderingshospitaal opgeneem is.

Een is egter afgesonder en tuis behandel.

Daar was geen sekondêre infeksies nie. Een pasiënt, 'n Bantoe, het gesterf.

POLIOMIËLITES:

Geen gevalle is in die Pretoriagebied aangemeld nie maar een geval, 'n manlike Bantoekind van vier jaar, is in die ingelyfde gebiede aangemeld. Hy het verlamming in albei bene gehad maar het aansienlike verbetering getoon. Poliomiëlitis-virus tipe III is uit 'n monster van sy ontlasting geïsoleer. Die pasiënt was nie geïmmuniseer nie.

Daar is gereelde immuniseringsklinieke vir Blankes en Nieblankes deur die Afdeling gehou.

Die onderstaande tabel toon die getal dosisse poliomiëlitis-entstof wat in die onderskeie ouderdomsgroepe aan die verskillende rasse toegedien is. Die getal gevalle waar 'n derde dosis toegedien is, is 'n aanduiding van die getalle wat die hele reeks ontvang het.

	<i>Blankes</i>	<i>Asiate</i>	<i>Kleurlinge</i>	<i>Bantoes</i>	<i>Totaal</i>
3—5 maande.....	3,954	155	184	3,048	7,341
6—11 maande.....	5,256	220	160	4,111	9,747
1—4 jaar.....	4,520	223	168	2,798	7,709
5—6 jaar.....	595	8	18	193	814
7—9 jaar.....	303	—	8	70	381
10—14 jaar.....	98	—	—	—	98
15—19 jaar.....	23	—	—	—	23
20—29 jaar.....	471	—	—	—	471
Swanger vrouens.....	103	—	—	—	103
Immigrante.....	111	—	—	—	111
TOTAAL.....	15,434	606	538	10,220	26,798
3de Dosisse.....	4,510	221	180	2,509	7,420

Die getal persone aan wie die 3de dosis gedurende 1964 gegee is, verskil nie veel van die getalle vir 1963 nie.

SKARLAKENKOORS:

Gevalle wat aangemeld is, is soos volg:—

	<i>Blankes</i>	<i>Nieblankes</i>	<i>Totaal</i>
Plaaslike gevalle.....	45 (30)	2 (2)	47 (32)
Ingevoerde gevalle.....	1 (2)	— (—)	1 (2)
Gevalle aangemeld uit ingelyfde gebiede.....	12	—	12

Plaaslike gevalle:

Soos voorheen word die siekte in 'n ligte graad opgedoen en daar is selde enige komplikasies.

Geeneen van hierdie gevalle was 'n volwassene nie maar vyf-en-twintig was skoliere en twee-en-twintig kinders van voorskoolse ouderdom. Drie-en-twintig was manlike pasiënte en vier-en-twintig vroulike pasiënte. Drie gevalle is in die Afsonderingshospitaal opgeneem en vier-en-veertig is afgesonder en tuis behandel.

Vier sekondêre infeksies is aangemeld. Hierdie gevalle het in huise voorgekom waar vorige onlangse gevalle aangemeld is.

Ingevoerde geval:

Die pasiënt, 'n vroulike Blanke skolier, het die siekte buite die Pretoriase munisipale gebied opgedoen, maar sy is afgesonder en tuis behandel.

DIFTERIE

Die volgende gevalle is gedurende die jaar aangemeld:

	<i>Blankes</i>	<i>Nieblankes</i>	<i>Totaal</i>
Plaaslike gevalle.....	13 (8)	30 (26)	43 (34)
Ingevoerde gevalle.....	— (1)	4 (—)	4 (1)
Sterftes onder plaaslike gevalle.....	— (1)	6 (6)	6 (7)
Voorkomssyfer per 100,000 van die bevolking (Plaaslike gevalle).....	7.5 (5.3)	14.2 (13.5)	11.2 (9.8)
Ingelyfde gebiede:			
Plaaslike gevalle.....	2	2	4
Ingevoerde gevalle.....	—	1	1
Sterftes.....	—	1	1

Plaaslike gevalle:

Die Nieblankegevalle was twee Asiate, een Kleurling en sewe-en-twintig Bantoes. Een van die gevalle was 'n volwassene, 20 was skoliere en twee-en-twintig kinders van voorskoolse ouderdom. Sewentien was manlike pasiënte en ses-en-twintig vroulike pasiënte.

Al die pasiënte is na die Afsonderingshospitaal vir behandeling verwyder.

Een sekondêre geval, 'n Asiaat, is aangemeld. Hierdie pasiënt het met 'n maat gespeel voordat die siekte by laasgenoemde ontdek is en hy na die hospitaal verwyder is.

Nege-en-dertig van die pasiënte was nog nooit tevore geïmmuniseer nie. Van die oorblywendes was twee gevalle ('n Blanke en 'n Bantoe) geïmmuniseer maar hulle het die siekte slegs in 'n ligte vorm gehad en twee pasiënte, albei manlike Blankes, van elf jaar en veertien jaar, het difterie onderskeidelik vier jaar en twaalf jaar vantevore opgedoen. Albei het die siekte slegs in 'n ligte vorm gehad.

Vier van die pasiënte (een Asiaat en drie Bantoes) wat tussen 17 maande en drie jaar oud was, het ongelukkig gesterf. Nie een van die gevalle is voorheen geïmmuniseer nie.

Twee pasiënte, 'n vroulike Blanke van nege jaar en 'n vroulike Bantoe van ses jaar is na die Afsonderingshospitaal vir behandeling van die difterie-DRAERtoestand verwyder.

Die volgende tabel toon die getal persone wat gedurende die afgelope 10 jaar by die Afdeling se kliniek teen difterie ingeënt is, saam met die getal gevalle wat gedurende dieselfde tydperk voorgekom het.

	Blankes		Nieblankes	
	Geïmmuniseer	Getal gevalle	Geïmmuniseer	Getal gevalle
1955.....	431	52	280	38
1956.....	989	26	3,345	57
1957.....	1,062	10	1,023	49
1958.....	1,123	18	1,174	63
1959.....	1,452	13	1,410	73
1960.....	1,411	22	1,486	61
1961.....	1,259	12	1,728	32
1962.....	2,427	30	2,224	46
1963.....	2,899	8	2,652	26
1964.....	3,060	17	2,697	35

Opmerking:

Die groot getal Nieblankes wat gedurende 1956 geïmmuniseer is, was die gevolg van 'n intensiewe immuniseringsveldtog wat by die Mamelodise Bantoewoongebied uitgevoer is.

Ingevoerde gevalle:

Die vier gevalle was almal Bantoes wat die siekte elders opgedoen het en reeds siek was toe hulle in Pretoria aangekom het. Hulle is na die Afsonderingshospitaal verwyder waar drie pasiënte, wat baie ernstig siek was toe hulle opgeneem is, ongelukkig gesterf het. Nie een van hierdie pasiënte is voorheen geïmmuniseer nie.

POKKIES

Een-en-twintig plaaslike gevalle en een ingevoerde geval is aangemeld.

Plaaslike gevalle:

Om verwarring te voorkom, word die verslag in twee aparte groepe, d.i. sporadiese gevalle en 'n uitbreking in 'n hospitaalafdeling, verdeel.

Sporadiese gevalle:

Drie gevalle van wie almal Bantoes was, is in hierdie groep aangemeld. Twee van die pasiënte was van die Bantoewoongebied Saulsville en een van Lady Selborne afkomstig.

Twee was manlike pasiënte van drie weke en 3 jaar en elf maande onderskeidelik. Verder was daar 'n vroulike pasiënt van vyf jaar. Al die pasiënte is na die Rietfonteinse Afsonderingshospitaal in Johannesburg verwyder waar die diagnose bevestig is.

Al die pasiënte het die siekte in 'n ligte vorm (Amaas of Alastrim) gehad en hulle het herstel.

Die gebruikelike voorsorgmaatreëls naamlik dat direkte kontakte onder kwarantyn geplaas word en ander kontakte ingeënt word, is getref. Die kontakte het ander pasiënte wat by die kliniek ten tyde van die ontdekking van die siekte aanwesig was, inwoners wat in die omgewing van die „besmette” huis woon, die kliniek- en hospitaalpersoneel, ambulansdrywers en die inentingspersoneel ingesluit.

Geen sekondêre gevalle is aangemeld nie. Nie een van die pasiënte was voorheen ingeënt nie.

UITBREKING IN HOSPITAALSAAL:

Agtien gevalle van wie almal Bantoes was, is aangemeld. 'n Volledige verslag van die uitbreking wat in 'n Nieblankekindersaal plaasgevind het, is soos volg:

Op Vrydagmiddag, 7 Augustus 1964 is 'n versoek ontvang om 'n waterpokkiesgeval van saal 10, 'n Nieblanke kindersaal vir snykundige gevalle, tot die Stadsafsonderingshospitaal toe te laat. Voor die oorplasing is hierdie geval deur die Superintendent van die Afsonderingshospitaal ondersoek. Hy het bevind dat hoewel die letsels van die pasiënt (M.Z.), 'n manlike Bantoe van 8 jaar wat reeds 5 maande as 'n kroniese operasiegeval in die saal deurgebring het, die tipiese verspreiding van waterpokkies het, die aard van die letsels, afsonderlik en gesamentlik, op 'n minder ernstige vorm van pokkies-infeksie gedui het. In oorlegpleging met die destydse Waarnemende Stadsgesondheids-

hoof is daar besluit om hierdie geval na die Staatsafsonderingshospitaal te Rietfontein naby Johannesburg te verskuif.

In daardie stadium was daar 177 pasiënte en 5 loserende moeders wat hulle babas borsvoeding gegee het in Saal 10. Hierdie saal bestaan uit drie afdelings wat gedeeltelik verbind is en wat almal op 'n klein onbedekte gesamentlike speelterrein met 'n sementvloer uitkom. Een afdeling van Saal 10 is vir brandwondgevalle, 'n ander hoofsaaklik vir ortopediese gevalle en nog een vir diverse operasiegevalle, insluitend plastiese snykundegevalle, gereserveer.

Die volgende dag (8.8.1964) is die pasiënte en personeel van hierdie afdeling ingeënt. Sewe brandwondegevalle en een algemene operasiegeval was so ernstig siek dat daar besluit is om hulle nie in te ent nie.

Die getalle wat op 8 Augustus ingeënt is, was dus:

Pasiënte.....	169
Loserende moeders.....	5
TOTAAL.....	<u>174</u>

Nie ingeënt nie as gevolg van erns van ander ongesteldheid.....	8
Totale aantal in saal.....	<u>182</u>

Gedurende die inenting van pasiënte en personeel op dié dag is ontdek dat een pasiënt, K.M., 'n manlike Bantoe van 9 jaar wat 9 maande as 'n beenmurgontstekingspasiënt in hierdie saal deurgebring het en wat 'n verdagte waterpokkiesgeval was, in werklikheid besig was om van pokkies te herstel. Dit het dus voorgekom asof hierdie geval, wat M.Z. waarskynlik besmet het, self die siekte òf van een of ander „oorgeslane” geval wat reeds ontslaan was òf van 'n onbekende besoeker gekry het.

Dit sou geen doel dien om hierdie geval na die Rietfonteinhospitaal te stuur aangesien hy feitlik reeds van die siekte herstel het en dit is dus nie gedoen nie.

Op 10 Augustus is 'n verslag van die Stigting vir Poliomiëlitisnavorsing ontvang waarvolgens die pokkiesvirus (vaccinia-tipe) by M.Z. geïsoleer is. Dit het die vermoede bevestig dat hy aan 'n ander minder ernstige vorm van pokkies gely het.

Op Donderdag 13 Augustus is nog twee gevalle in Saal 10 ontdek en die volgende oggend nog een. Aangesien hierdie drie gevalle binne 6 tot 7 dae na die eerste gediagnoseerde geval (M.Z.) voorgekom het, het dit blykbaar daarop gedui dat meer gevalle verwag kon word. Met inagneming van die posisie in Saal 10, waar 'n groot aantal gevalle se toestand na operasie die moontlikheid van oorplasing na 'n afsonderingshospitaal soos dié by Rietfontein uitgesluit het, moes die kwessie van die moontlike isolering van Saal 10 oorweeg word.

'n Vergadering is gehou waarby die Superintendent van die Hospitaal, die Waarnemende Stads-gesondheidshoof en die Matrone van die Nieblanke sale aanwesig was. Al die voorsorgmaatreëls wat tot in daardie stadium getref is, is in hersiening geneem en bykomende voorsorgmaatreëls is bespreek. Daar is kortliks soos volg besluit.

1. Die hele Blanke en Nieblanke hospitaalpersoneel sowel as sekere uitgesoekte pasiënte (Blank en Nieblank) in die hospitaal, sou ingeënt word. (Dit is tussen 15 en 19 Augustus 1964 gedoen.)
2. Geen besoekers sou in Saal 10 toegelaat word nie en loserende moeders sou streng tot die saal beperk wees.
3. Alle verpleegsters en besoekende dokters sou maskers, musse, jasse en stewels dra; dit is die gebruikelike sterilisasie-maatreëls vir 'n operasiekamer.
4. Methisazone sou aan alle pasiënte en personeellede in Saal 10 toegedien word.

Op die oggend van 15 Augustus 1964 het twee verdere pokkiesgevalle voorgekom. Nie een van hierdie gevalle was van 'n ernstige aard nie en dr. Malherbe van die stigting vir Poliomiëlitisnavorsing het aangebied om die volgende oggend (16.8.1964) na die hospitaal te kom om self monsters te neem. Hy het dit gedoen en die pokkiesvirus (vaccinia-tipe) is by al die pasiënte geïsoleer.

By die bepaling van die mate van sukses wat behaal is met die inenting wat op 8.8.64 in Saal 10 uitgevoer is, het dit geblyk dat 56% van die eerste inentings effektief was. Hierdie persentasie van gevalle waar die entstof effektief was, is baie laer as die persentasie wat voorheen by gebruik van ons Suid-Afrikaanse entstof behaal is en die mening was dat dit te wyte was aan die feit dat 'n aantal pasiënte in hierdie afdeling net voorheen 'n inspuiting van immuun mensglobuliene ontvang het wat daardeur aan hulle 'n tydelike onvatbaarheid teen die uitwerking van die pokkiesentstof gegee het. Die voorgaande twee maande is immuun mensglobuliene aan feitlik alle pasiënte in die saal en aan alle nuwe gevalle wat toegelaat is, gegee in 'n poging om die uitbreking van masels te bestry wat die verwagte aantal sterftes, veral in die brandwondafdeling, laat styg het.

Intussen is methisazone op 15 Augustus, op aanbeveling van die Staatsgesondheidsdepartement, aan alle pasiënte en verplegingspersoneel in Saal 10 toegedien.

Die volgende pokkiesgevalle het nog in die saal voorgekom:

- 17 Augustus — 2 gevalle.
- 21 Augustus — 1 geval.
- 28 Augustus — 1 geval.
- 31 Augustus — 1 geval.
- 1 September — 2 gevalle.
- 3 September — 1 geval.
- 5 September — 1 geval.
- 7 September — 2 gevalle.

Op 10 September is die posisie weer in oënskou geneem en aangesien dit die mening was dat die uitwerking van die immuun mensglobuliene asook dié van die methisazone afgeneem het, is daar besluit om alle persone wat vatbaar is, met weeklikse tussenposes in te ent en weer in te ent.

Daar is ook besluit om die gevalle in die saal sover moontlik in vatbare, immuun en werklike gevalle te hergroepeer. Aanraking tussen die verskillende groepe is streng vermy.

'n Opsomming van die posisie soos op 10 September, word hieronder weergegee:—

Getal pasiënte met vorige bevredigende entmerke.....	95
Getal pasiënte wat vatbaar was en wat op 8 Augustus met sukses ingeënt is.....	33
	—
Totale getal pasiënte wat teen 10.9.1964 met sukses ingeënt is.....	128
	—
Getal pasiënte met geen entmerke wat op 10.9.1964 ingeënt is.....	26
Getal pasiënte wat geen entmerke gehad het nie maar wat as gevolg van brandwonde en/of ander toestande nie op 10.9.1964 ingeënt is nie.....	8
	—
Getal pasiënte wat op 10.9.1964 vatbaar was.....	34
	==

Sodra 'n brandwondgeval genoegsaam herstel het om ingeënt te word, is dit gedoen. Slegs een geval was egter so ernstig siek dat hy nie gedurende die uitbreking ingeënt is nie. Gelukkig het hy nie pokkies opgedoen nie.

Dit was ook interessant om op te merk dat 8 van die pasiënte wat geen tekens van vorige inenting getoon het nie, by 5 geleenthede onvatbaar gebly het toe vatbare pasiënte ingeënt is.

Op 15 September is besluit om die pasiënte wat met sukses ingeënt was en wat van die toestand herstel het waarvoor hulle aanvanklik tot die hospitaal toegelaat is, te ontslaan.

Aangesien daar geen verdere gevalle na 7 September voorgekom het nie, is die kwarantyn tydperk op 10 Oktober beëindig. Daar is op hierdie dag besluit deur 16 dae vir die algehele herstel van die laaste geval toe te laat en nog 16 dae by die kwarantyn tydperk by te voeg.

Ingevoerde gevalle:

Een geval, 'n Bantoevrou van 21 jaar wat nie ingeënt was nie, is uit die Bantoewoongebied Lady Selborne aangemeld.

Die pasiënt het die siekte opgedoen terwyl sy familieledede in Noord-Transvaal besoek het en haar toestand is eers 4 dae na haar terugkeer in Pretoria ontdek. Sy het net voor haar terugkeer na Pretoria siek geword.

Sy is tot die afsonderingsale van die Rietfontein hospitaal naby Johannesburg toegelaat waar sy herstel het.

Alle voorsorgmaatreëls is getref en geen sekondêre gevalle is aangemeld nie.

Een van die gevalle was 'n volwasse Bantoeman van die oostelike voorstede. Nadat hierdie pasiënt vir etlike dae die bed gehou het op die perseel van sy werkgewer, wat onder die indruk verkeer het dat die pasiënt aan waterpokkies ly, het hy teen die advies van sy werkgewers besluit om na familieledede in Mamelodi te gaan. Hy het twee dae, 'n Saterdag en 'n Sondag, daar deurgebring en op die Maandagoggend by die Buitepasiënte-afdeling van die Algemene Hospitaal vir behandeling aangemeld waar vasgestel is dat hy aan pokkies (amaas) gely het. Daar is onmiddellik gereël dat hy na die Rietfonteinse Afsonderingshospitaal naby Johannesburg oorgeplaas word en alle persone met wie hy by die Buitepasiënte-afdeling in aanraking was, is onverwyld ingeënt. Eers nadat ondersoek ingestel is by die plek waar hy in diens was, is vasgestel dat hy Mamelodi gedurende die naweek besoek het. Die adres was egter onbekend. Daar is met die Rietfontein hospitaal in verbinding getree om van die pasiënt te verneem waar hy besoek afgelê het. Ongelukkig kon die pasiënt net berig dat hy 'n gesin Mampane iewers in blok N, Mamelodi, besoek het; hy het nie geweet wat die nommer van die huis was nie. Al die gesinne met die familienaam Mampane wat in blok N. woon, is besoek maar geeneen van hulle was met hierdie pasiënt bekend nie. Daar is toe besluit om alle inwoners van blok N. in te ent. Die kliniekopgawes by Mamelodi is intussen nagegaan om pasiënte met die familienaam Mampane op te spoor en hulle adresse is nagegaan. Alhoewel daar nie onmiddellik sukses behaal is nie, is die aangeleentheid in Mamelodi deur die Afdeling bekend gemaak met die gevolg dat 'n Bantoevrou van blok M by die kliniek aangemeld het dat sy met 'n pokkiesgeval in aanraking was en dat sy ingeënt wou word. Die „besmette” woning is onmiddellik opgespoor en die gesin wat daar woon, tesame met kontakte van verskeie omliggende wonings asook 'n Bantoebediende in Villieria is onder kwarantyn geplaas en ingeënt.

Alhoewel die Blankes en Nieblankes by die pasiënt se werkplek asook enkele ander Nieblankes in die omgewing met wie die pasiënt in aanraking kon gewees het, ingeënt is kort nadat die geval ontdek is, is daar, aangesien die gewoontes van die Bantoe bekend is, gevrees dat hy miskien met ander bediendes in hierdie voorstad in aanraking was. Die Waterkloofskool het vriendelik toegestem dat 'n inentingsentrum vir Blankes en Nieblankes twee dae lank daar opgerig word sodat die publiek van hierdie gebied ingeënt kon word. Die feit dat 'n inentingsentrum daar opgerig is, is onder die inwoners van die omgewing se aandag gebring deur kennisgewings onder die kinders van vier skole in hierdie gebied te versprei.

Dit is bemoedigend om te berig dat geen verdere gevalle in Mamelodi of die voorstad waar die geval aanvanklik siek geword het, aangemeld is nie.

Benewens sekere inwoners van hierdie gebied wat by ons gebruiklike weeklikse kliniek ingeënt is, is daar 2,243 kontakte en ander persone as gevolg van die geval ingeënt.

Besonderhede hiervan word hieronder verstrek:

	Blank	Nieblank
Inentingsentrum by Waterkloofskool.....	538	857
Inwoners van blok N, Mamelodi.....	—	790
Inwoners en kontakte in blok M en in die stad....	8	50
	<u>546</u>	<u>1,697</u>

MASSA-INENTING:

As gevolg van die voorkoms van bogemelde gevalle is massa-inenting van verskeie groepe van die publiek en inwoners van die verskillende gebiede wat besmet was, deur die Afdeling uitgevoer. Die getalle was:

Blankes wat ingeënt is.....	2,045
Nieblankes wat ingeënt is.....	13,201
	<u>15,246</u>

ROETINE-INENTING TEEN POKKIES

Tienduisend vier-en-negentig (10,094) Blankes en 5,483 Nieblankes is gedurende die jaar by die gereelde munisipale klinieke ingeënt. Besonderhede hiervan is soos volg:—

ROETINE-INENTING TEEN POKKIES

Blankes	Eerste inenting				Herinenting				Totaal	
Ouderdomsgroepe	Manlik		Vroulik		Manlik		Vroulik			
0-13 mnde.	813	(673)	856	(648)	58	(34)	69	(29)	1,796	(1,384)
13 mnde.-6 jr....	499	(574)	485	(597)	352	(126)	310	(103)	1,646	(1,400)
Skoliere.	98	(137)	96	(111)	842	(190)	897	(198)	1,933	(636)
Volwassenes....	13	(13)	28	(2)	1,637	(74)	3,041	(50)	4,719	(139)
TOTAAL....	1,423	(1,397)	1,465	(1,358)	2,889	(424)	4,317	(380)	10,094	(3,559)

Nieblankes	Eerste inenting				Herinenting				Totaal	
Ouderdomsgroepe	Manlik		Vroulik		Manlik		Vroulik			
0-13 mnde.....	833	(717)	909	(814)	20	(18)	31	(14)	1,793	(1,563)
13 mnde-6 jr....	429	(272)	474	(203)	75	(75)	79	(74)	1,057	(624)
Skoliere.....	103	(6)	90	(9)	404	(22)	375	(25)	972	(62)
Volwassenes....	19	(3)	369	(6)	640	(29)	633	(81)	1,661	(119)
TOTAAL.....	1,384	(998)	1,842	(1,032)	1,139	(144)	1,118	(194)	5,483	(2,368)

Die groot styging in die getal Blankes en Nieblankes wat gedurende die jaar ingeënt is, kan hoofsaaklik toegeskryf word aan die voorkoms van pokkiesgevalle en die reaksie wat gevolg het nadat die publiek aangeraai is om hulle te laat inent.

Hierdie bekendmaking in die pers en oor die radio van die Staatsgesondheidsdepartement se waarskuwing dat persone wat nie doeltreffend ingeënt was vanaf 1 Januarie 1965 hulle aan vervolging blootstel, het meegebring dat baie Blankes en moontlik ook Nieblankes gedurende die latere maande vir inenting en herinenting aangemeld het.

Dit word onderskryf deur die feit dat die gemiddelde maandelikse syfer vir Blanke inentings tot Oktober 400 persone beloop het. Daarna het die syfers vir die laaste drie maande na 740, 1,033 en 3,645 onderskeidelik gestyg.

KWASJIORKOR:

Driehonderd nege-en-veertig (349) gevalle is gedurende die jaar aangemeld. Dit verteenwoordig 'n aansienlike afname vergeleke by verlede jaar se syfer (415).

Al die pasiënte was Bantoes. Die verspreiding van die gevalle was soos volg:

Mamelodi.....	167
Atteridgeville en Saulsville.....	86
Lady Selborne.....	78
Eersterus.....	2
Oostelike voorstede.....	3
Noordelike voorstede.....	7
Eastwood.....	5
Westelike voorstede.....	1

Die volgende tabel toon die ouderdomsgroepe volgens geslag aan:

OUDERDOMSGROEPE VOLGENS GESLAG

Geslag	0-1 jaar	1-2 jaar	2-3 jaar	3-4 jaar	4-5 jaar	5-6 jaar	6-7 jaar	Bo 7 jaar	Totaal
Manlik.....	14	121	33	9	3	3	—	1	184
Vroulik.....	25	91	38	6	3	1	1	—	165
TOTAAL....	39	212	71	15	6	4	1	1	349

Tweehonderd en veertien (214) gevalle is deur die Algemene Hospitaal, 126 deur die munisipale klinieke en 9 deur die Registrateur van Geboortes en Sterfgevalle aangemeld.

STAFILOKOK-INFESIJS: (By moeders en pasgebore babas.)

Eenhonderd sewe-en-veertig 147 (176) gevalle van die siekte is gedurende die jaar aangemeld. Tagtig pasiënte was Blankes en 67 Nieblankes.

Die voorkoms by Blankes toon weereens 'n aansienlike afname vergeleke by verlede jaar se syfer. Gedurende 1963 en 1962 is 111 en 133 gevalle onderskeidelik aangemeld.

Die syfer vir Nieblankes het konstant gebly maar daar word nog gemeen dat baie gevalle nooit aan die lig kom nie.

Die verspreiding van die gevalle, tesame met die aantal bevallings in elke kraaminrigting of groep en die persentasie moeders of babas wat tekens van infeksie na bevalling getoon het, word in die volgende tabel aangedui:

Blankes:

	Aantal infesies		Aantal bevallings		Persentasie van bevallings wat infeksie opgedoen het	
Hospitaal A.....	29	(31)	1,483	(1,460)	1.9%	(2.1%)
Hospitaal B.....	28	(42)	1,854	(1,451)	1.5%	(2.8%)
Hospitaal C.....	17	(27)	2,016	(1,928)	0.9%	(1.4%)
Hospitaal D.....	4	(5)	387	(432)	1.0%	(1.1%)
Vroedvroue.....	2	(6)	780	(488)	0.2%	(1.2%)
TOTAAL.....	80	(111)	6,520	(5,759)	1.2%	(1.9%)

Nieblankes:

Hospitaal E.....	58	(51)	6,356	(6,429)	0.9%	(0.8%)
Hospitaal F.....	5	(3)	1,593	(1,559)	0.3%	(0.2%)
Vroedvroue.....	4	(11)	692	(867)	0.5%	(1.2%)
TOTAAL.....	67	(65)	8,641	(8,855)	0.7%	(0.7%)

Die meeste van die gevalle word deur Gesondheidsbesoeksters op hulle roetinebesoeke aan pasgebore babas aan die lig gebring, gewoonlik 14 dae na geboorte wanneer die moeders en babas weer tuis is. Benewens die gewone roetine-ondersoeke van hierdie geboortes, word moeders oor die moontlike aanwesigheid van stafilokok-letsels ondervra. Waar nodig, word smere onmiddellik geneem en enige abnormale toestand word aangemeld.

Die plekke waar die infeksie in 147 gevalle wat aangemeld is, voorgekom het, is soos volg:—

In 13 gevalle van infeksie is twee of meer plekke aangemeld.

Etterende oë.....	60	(77) gevalle.
Borsabsesse.....	46	(52) gevalle.
Swere.....	4	(9) gevalle.
Velletels (swere of septiese uitslag).....	45	(36) gevalle.
Septiese navel.....	3	(4) gevalle.
Septiese vingernaels.....	1	(5) gevalle.
Septiese ettering van oor.....	1	(—) gevalle.

TOTAAL..... 160 (188)

In 86 gevalle is diagnostiese smere geneem. Twee-en-tagtig gevalle het getoon dat koagulase (+)-stafilokokke teenwoordig was. In 4 gevalle is geen kweking gevind nie. Smere is nie van die orige gevalle (61) geneem nie, aangesien die letsels behandel is en reeds genees was toe die Gesondheidsbesoekster haar besoek afgelê het. Op grond van die kliniese geskiedenis is daar egter gemeen dat dit stafilokokletsels is.

In 14 gevalle waar koagulase (+)-stafilokokke teenwoordig was, is ook 'n tweede organisme gevind, en wel soos volg:

Koagulase (+)-stafilokok en beta-hemolitiese streptokokkus.....	4 gevalle.
Koagulase (+)-stafilokok en diplokokkus-pneumonie.....	1 geval.
Koagulase (+)-stafilokok en E. coli.....	3 gevalle.
Koagulase (+)-stafilokok en psedomas aeruginosa.....	2 gevalle.
Koagulase (+)-stafilokok en enterokokkus.....	1 geval.
Koagulase (+)-stafilokok en proteus-organismes.....	1 geval.
Koagulase (+)-stafilokok en perakolonase.....	1 geval.
Een geval het infeksie deur twee afsonderlike soorte stafilocok getoon.	

Gevoeligheidstoetse is ook op gevalle van koagulase (+)-stafilokok uitgevoer om met die behandeling van pasiënte te help.

Die aantal koagulase (+)-smere wat ongevoeligheid vir die verskeie anti-bakteriese middels getoon het, was soos volg:—

Aan colistin.....	65 (96)	Aan kanamisine.....	4 (5)
Aan polymixin.....	62 (98)	Aan chloramfenikol.....	4 (11)
Aan penisilline.....	59 (63)	Aan novobiocin.....	3 (6)
Aan ampisilline.....	45 (56)	Aan sulfoonsuuramied.....	2 (—)
Aan streptomisine.....	24 (29)	Aan chloretetrasikline.....	1 (8)
Aan tetrasikline.....	23 (37)	Aan oxitetrasikline.....	1 (9)
Aan eritromisine.....	12 (4)	Aan vancomisine.....	1 (—)

Toesighouding oor persone wat as vroedvroue in die munisipale gebied praktiseer en wat nie mediese praktisyns is nie, word deur die Inspektrise van Vroedvroue uitgevoer. Haar pligte sluit in die roetine-inspeksie van kraaminrigtings onder ons beheer. Gereelde inspeksies van die kraaminrigtings is uitgevoer en die personeel is van raad bedien oor die beheer van hierdie infeksie.

Kraaminrigtings onder ons beheer werk steeds baie goed met die personeel van hierdie Afdeling saam.

MENINGOKOKKALE MENINGITIS:

Ondergemelde gevalle is aangemeld:

	Blankes	Nieblankes	Totaal
Plaaslike gevalle.....	6 (2)	1 (2)	7 (4)
Ingevoerde gevalle.....	1 (—)	— (—)	1 (—)

Al die pasiënte is in die hospitaal opgeneem waar twee, albei Blankevroue van 19 en 62 jaar onderskeidelik, ongelukkig oorlede is.

ANDER AANGEMELDE AANSTEEKLIKE SIEKTES:

	Plaaslik		Ingevoer	
	Blankes	Nieblankes	Blankes	Nieblankes
Malaria.....	—	—	1	1
Belroos.....	3	1	—	—
Kraamsepsis.....	—	1	—	—
Enkefalitis.....	5	2	—	1
Melaatsheid.....	1	7	—	1

Ingelyfde gebiede:

Enkefalitis.....	1	—	—	—
Belroos.....	1	—	—	—

TUBERKULOSE

Die aantal Nieblankegevalle wat gedurende die verslagjaar aangemeld is, het 'n styging getoon maar die styging is in werklikheid te wyte aan die nuwe beleid wat deur die Staatsgesondheidsowerhede aanvaar is, waarvolgens alle persone van 5 jaar of jonger wat positief op die Heaf-toets reageer, as tuberkulosegevalle aangemeld en behandel word, afgesien daarvan dat daar geen kliniese of radiologiese tekens van tuberkulose waarneembaar is nie.

As gevolg van die inlywing van die buitegebiede gedurende Julie 1964, is 'n bykomende kliniek in Parkmore opgerig. Hierdie kliniek bedien die Bantoegebied Eastwood en ander pasiënte op plase en kleinhowes in die gebied. Die kliniek was reeds voor inlywing in werking en daar is net daarmee voortgegaan nadat die Stadsraad hierdie gebiede oorgeneem het.

Die tuberkulosedienste-personeel is deur 'n bykomende Radiologiese Tegnikus aangevul.

Statistieke vir Tuberkulose:—

Tabel A wat hierna volg, toon die getal aanmeldings vir die jaar, geklassifiseer in verskillende rasse en volgens geslag, tesame met die onderskeie voorkomssyfers slegs vir plaaslike gevalle. Tabelle B en B1 toon vergelykende syfers vir aanmeldings tesame met die voorkomssyfers vir die jare 1949 tot 1964.

TABEL A VERVOLG — INGELYFDE GEBIEDE — 1 JULIE 1964 TOT 31 DESEMBER 1964

		Plaaslike gevalle			Ingevoerde gevalle			Plaaslike en ingevoerde gevalle		
Ras	Geslag	Pulmonêre			Pulmonêre			Pulmonêre		
		tuber- kulose	Ander vorms	Alle vorms	tuber- kulose	Ander vorms	Alle vorms	tuber- kulose	Ander vorms	Alle vorms
Blankes.....	M	9	1	10	—	—	—	9	1	10
	V	4	2	6	—	—	—	4	2	6
TOTAAL.....		13	3	16	—	—	—	13	3	16
Kleurlinge.....	M	7	1	8	—	—	—	7	1	8
	V	2	—	2	—	—	—	2	—	2
TOTAAL.....		9	1	10	—	—	—	9	1	10
Asiate	M	NUL								
	V									
Bantoes.....	M	21	—	21	1	—	1	22	—	22
	V	4	—	4	2	—	2	6	—	6
TOTAAL.....		25	—	25	3	—	3	28	—	28
Alle Nieblankes.....	M	28	1	29	1	—	1	29	1	30
	V	6	—	6	2	—	2	8	—	8
TOTAAL.....		34	1	35	3	—	3	37	1	38
Alle rasse.....	M	37	2	39	1	—	1	38	2	40
	V	10	2	12	2	—	2	12	2	14
TOTAAL.....		47	4	51	3	—	3	50	4	54

Ouderdomsgroepe:

Tabelle C en C1 toon die voorkoms van tuberkulose volgens ouderdomsgroepe by onderskeidelik Blankes en Nieblankes vir die afgelope 12 jaar aan, tesame met die persentasie totale gevalle in elke ouderdomsgroep vir daardie jaar.

TABEL C

BLANKE GEVALLE — PLAASLIKE EN INGEVOER

	0-1		2-5		6-10		11-20		21-40		41 en ouer		Totaal	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V
1953.....	2	1	1	—	1	—	—	1	9	14	16	6	29	22
1954.....	1	—	3	—	3	1	—	3	6	10	16	8	39	22
1955.....	2	1	—	4	3	2	5	—	10	11	17	8	37	26
1956.....	—	—	2	2	1	1	—	1	3	13	26	6	22	23
1957.....	—	—	3	—	1	3	4	2	10	13	19	4	37	22
1958.....	—	—	2	3	3	2	3	1	11	4	26	6	45	11
1959.....	—	—	4	2	1	3	—	4	12	7	21	5	38	20
Persentasie totale tuberkulose-aanmeldings.....	—		10%		7%		7%		32%		44%			
1960.....	—	—	1	1	1	1	1	1	6	7	10	6	19	16
Persentasie totale tuberkulose-aanmeldings.....	—		5%		5%		5%		39%		46%			
1961.....	—	—	—	1	—	—	1	—	9	5	16	3	26	10
Persentasie totale tuberkulose-aanmeldings.....	—		3%		—		3%		40%		54%			
1962.....	1	—	—	—	1	1	2	—	6	2	21	5	31	8
Persentasie totale tuberkulose-aanmeldings.....	2%		—		5%		5%		21%		67%			
1963.....	—	1	—	1	—	2	3	1	5	7	16	4	24	16
Persentasie totale tuberkulose-aanmeldings.....	2%		3%		5%		10%		30%		50%			
1964.....	—	—	8	8	—	—	2	1	3	3	13	11	26	23
Persentasie totale tuberkulose-aanmeldings.....	—		32%		—		6%		12%		49%			
Ingelyfde gebiede.....	—	1	1	3	2	—	—	—	2	1	5	1	10	6

TABEL C1

NIEBLANKE GEVALLE — PLAASLIKE EN INGEVOER

	0-1		2-5		6-10		11-20		21-40		41 en ouer		Totaal	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V
1953.....	4	4	18	14	10	6	14	16	82	58	67	18	195	116
1954.....	11	3	31	39	11	12	20	24	82	75	121	47	276	200
1955.....	11	7	37	33	24	17	21	36	98	93	133	41	324	227
1956.....	13	6	45	38	25	78	23	40	112	91	81	24	299	227
1957.....	12	2	36	47	24	25	28	28	119	102	134	34	350	238
1958.....	7	11	51	46	33	34	41	46	136	107	175	38	442	282
1959.....	10	8	49	62	25	21	34	50	158	106	132	47	408	284
Persentasie totale tuberkulose-aanmeldings.....	2%		14%		6%		13%		38%		36%			
1960.....	13	17	57	58	18	23	25	37	146	107	141	36	401	278
Persentasie totale tuberkulose-aanmeldings.....	5%		17%		6%		9%		37%		26%			
1961.....	28	18	83	97	33	44	43	44	183	138	167	49	537	390
Persentasie totale tuberkulose-aanmeldings.....	5%		19%		8%		9%		35%		24%			
1962.....	45	29	81	63	31	47	37	58	172	126	190	51	556	374
Persentasie totale tuberkulose-aanmeldings.....	8%		16%		8%		10%		32%		26%			
1963.....	26	34	54	70	24	26	31	55	190	120	155	380	480	343
Persentasie totale tuberkulose-aanmeldings.....	7%		15%		6%		10%		38%		24%			
1964.....	32	23	85	81	20	25	24	40	194	107	152	33	507	309
Persentasie totale tuberkulose-aanmeldings.....	6%		20%		5%		7%		29%		22%			
Ingelyfde gebiede 1 Julie tot 31 Desember 1964.....	—	1	1	2	—	—	1	1	13	5	14	—	29	9

SOORTE TUBERKULOSE:

Die verskillende vorms waarin die siekte gedurende die jaar voorgekom het, word in die tabel hieronder verstrekk. Die syfer vir primêre kompleks toon 'n aansienlike styging vergeleke met verlede jaar se syfer (119). Dit is feitlik heeltemal te wyte aan die feit dat intensiewe tuberkulientoetse by enkele Nieblanke-skole gedurende die laaste helfte van die jaar uitgevoer is.

TABEL D

	Plaaslik			Ingevoer			Groot-totaal
	Blankes	Nie-blankes	Totaal	Blankes	Nie-blankes	Totaal	
Pulmonêr.....	30	526	556	7	63	70	626
Primêre kompleks.....	10	182	192	—	8	8	200
Miliêr.....	—	5	5	—	—	—	5
Kliere.....	1	11	12	—	2	2	14
Bene en gewrigte.....	—	4	4	—	—	—	4
Buikvliesontsteking.....	—	2	2	—	1	1	3
Meningaal.....	—	5	5	—	—	—	5
Lugpyp.....	1	1	2	—	—	—	2
Hartsakontsteking.....	—	1	1	—	—	—	1
Voortplantingsorgane.....	—	2	2	—	—	—	2
Ingewande.....	—	2	2	—	—	—	2
Borste.....	—	—	—	—	1	1	1
TOTAAL.....	42	741	783	7	75	82	865
Ingelyfde gebiede:							
Pulmonêr.....	13	34	47	—	3	3	50
Primêre kompleks.....	3	1	4	—	—	—	4
	16	35	51	—	3	3	54

OORDE VAN AANMELDING:

Die oorde waarvandaan die siekte aangemeld is, word in die onderstaande tabel aangetoon. Soos in vorige jare is die merendeel van die gevalle wat aangemeld is, deur ons tuberkuloseklinieke ontdek.

TABEL E

	Plaaslik				Ingevoer				Totaal	
	Blankes	Nieblankes	Blankes	Nieblankes	Blankes	Nieblankes	Blankes	Nieblankes		
Tuberkuloseklinieke.....	31	(16)	456	(433)	5	(8)	47	(60)	539	(517)
Algemene Hospitaal.....	2	(2)	106	(89)	—	(—)	7	(20)	115	(111)
Afsonderingshospitaal.....	3	(1)	138	(131)	1	(—)	18	(20)	160	(152)
Private praktisyns.....	—	(2)	3	(1)	—	(1)	—	(1)	3	(4)
Weskoppies-hospitaal.....	4	(—)	6	(5)	—	(—)	2	(3)	12	(8)
Registrateur van Geboortes en Sterfgevalle.....	—	(2)	15	(27)	—	(2)	—	(1)	15	(32)
Ander oorde.....	2	(5)	20	(25)	1	(1)	1	(8)	24	(43)
	42	(28)	741	(711)	7	(12)	75	(112)	865	(863)

INGELYFDE GEBIEDE:

Tuberkuloseklinieke.....	10	17	—	—	27
Algemene Hospitaal.....	—	9	—	1	10
Afsonderingshospitaal.....	2	5	—	1	8
Registrateur van Geboortes en Sterfgevalle.....	2	1	—	—	3
Ander oorde.....	2	3	—	1	6
	16	35	—	3	54

HOSPITALISASIE

Die gevalle wat gedurende die jaar in sanatoriums opgeneem is, asook die verdeling onder verskillende hospitaalinrigtings word in die volgende tabelle weergegee:—

Inrigting	Blankes			Nieblankes			Groot-totaal
	M	V	Totaal	M	V	Totaal	
Knights-borshospitaal.....	—	—	—	142	93	235	235
S.A.N.T.A. Pretoria.....	—	—	—	193	61	254	254
Zonderwater.....	—	—	—	96	—	96	96
Rietfontein.....	4	2	6	17	8	25	31
Oos-Rand-borshospitaal.....	—	—	—	3	2	5	5
Randfontein-suidhospitaal.....	—	—	—	1	—	1	1
S.A.N.T.A. Modder B.....	—	—	—	1	5	6	6
Rose-borshospitaal.....	—	—	—	16	4	20	20
King George V.....	—	1	1	—	—	—	1
Meintjies-tuberkulose-nederset-ting.....	—	—	—	1	1	2	2
Philadelphiasanatorium.....	—	—	—	1	—	1	1
TOTAAL.....	4	3	7	471	174	645	652

VERSPREIDING DEUR KONTAK.

Die volgende tabel toon die getal gevalle aan ten opsigte waarvan vasgestel is dat hulle tuberkulose opgedoen het na kontak met bekende gevalle of waar tuberkulose familiaal oorgedra is, of albei:—

Kontak met bekende gevalle	Familiaal oorgedra	Deur kontak en familiaal oorgedra	Totaal
17 (16)	241 (265)	1 (3)	259 (284)

Hierdie gevalle is deur huisbesoek wat deur die verplegingspersoneel onderneem is, deur gereelde klinieke en deur buitepatiënt- en X-straaldienste ontdek.

KLINIEKE EN BUITEPASIENT- EN X-STRAALDIENSTE.

Die mobiele X-straleenheid is gebruik om 38,937 X-straalopnames gedurende die jaar te maak; dit verteenwoordig 'n vermeerdering van 16,095 bo die syfer van 1963.

Die volgende tabel toon die getal X-straalopnames van tuberkulosegevalle saam met die getalle wat verslegting of verbetering in hul toestand aantoon. Die res van die gevalle het staties gebly.

Kliniek	Totale X-straalopnames	Verbeter	Versleg	Staties
Blankes.....	208	40	8	160
Parkmore.....	67	1	4	62
Mamelodi::.....	1,289	104	41	1,144
Atteridgeville.....	1,465	119	101	1,245
Lady Selborne.....	722	77	39	606
Kampong.....	646	65	46	535
	4,397	406	239	3,752

X-straalopnames van verdagte gevalle, ou kontakgevalle en nuwe kontakgevalle met die resultate is soos volg:—

Kliniek	Verdagte gevalle			Ou kontakgevalle			Nuwe kontakgevalle		
	Positief	Negatief	Totaal	Positief	Negatief	Totaal	Positief	Negatief	Totaal
Atteridgeville.....	42	279	321	79	1,071	1,150	30	1,637	1,667
Kampong.....	19	102	121	4	177	173	3	62	65
Lady Selborne.....	3	303	300	11	598	609	3	331	334
Mamelodi.....	45	522	567	29	1,915	1,944	11	811	822
Parkmore.....	6	0	6	1	2	3	3	140	143
Blankes.....	5	91	96	0	259	259	3	182	185

Die totale getal X-straalopnames wat van Bantoes by die Toestromingsbeheerkantoor gemaak is, was 4,083. Van hierdie getal was 32 positiewe tuberkulosegevalle. Daar is besluit om gedurende Desember wat 'n stil maand was, X-straalopnames van alle voornemende werknemers te maak. Die getal X-straalopnames wat gemaak is, was 1,046; sewe (7) hiervan was positiewe tuberkulosegevalle en 21 was verdagte gevalle. Hierdeur is verder bewys dat dit uiters waardevol is om X-straalopnames van alle voornemende werknemers by die Toestromingsbeheerkantoor te maak. Van die totale getal van 30,953 X-straalopnames wat gemaak is, was 16,279 ten opsigte van private ondernemings. Van hierdie getal was 4,140 Blankes van wie 3 positiewe tuberkulosegevalle was en 8,787 Nieblankes van wie 92 aan tuberkulose gely het.

GETAL PASIENTE BY KLINIEKE

		Huisbesoeke	Bywonings Gevalle	Kontak- gevalle
Blankes.....	120	2,525	787	583
Parkmore.....	41	Nul	102	158
Mamelodi.....	4,848	1,795	3,138	3,389
Lady Selborne.....	1,607	610	1,802	1,106
Kleurlinglokasie.....	187	Nul	1,793	382
Atteridgeville.....	2,800	3,105	2,930	3,340

B.C.G.-entstof.

Slegs 6,700 dosisse entstof is aan kontakgevalle, statiese gevalle en pasgebore babas wat 'n week oud is, toegedien. Daar is van die perkutaan-tipe gebruik gemaak en geen buitengewone reaksies is waargeneem nie.

HEAF-TOETSE.

Heaf-toetse word tans op 'n breë grondslag by klinieke, crèches en laerskole op kinders tussen die ouderdomme van 3 maande en 5 jaar uitgevoer.

Dit is die voorneme om positiewe tuberkulosegevalle op te spoor en ook om vas te stel watter ouderdomsgroep die hoogste tuberkulose-voorkomssyfer toon ten einde B.C.G.-entstof op die doeltreffendste wyse te kan gebruik.

Toetse wat op 364 Blanke kinders uitgevoer is, het getoon dat 38 positief op die toetse gereageer het, maar X-straalopnames het almal as negatiewe gevalle bewys. Ooreenkomstig die beleid van die Gesondheidsdepartement is 31 kinders onder die ouderdom van 5 jaar aan behandeling onderwerp. Daar is 8,270 Nieblanke kinders aan die toetse onderwerp; die reaksies van 1,265 kinders was positief waarvan 7 gevalle later deur X-straalopnames bevestig is.

BEHEER OOR PASIËNTE.

In Mei 1963 is 'n opname gemaak wat aan die lig gebring het dat slegs 23 persent van die buite-pasiënte gereeld opgedaag het om medisyne te kom haal. Sedertdien het ons besluit om streng beheer oor ons pasiënte uit te oefen. Ernstige gevalle is verplig om daaglikse behandeling te ondergaan waardeur hulle gedwing word om vir daaglikse inspuitings aan te meld en om al die tablette in die aanwesigheid van die suster te drink. Ander gevalle word beheer deurdat daar boekgehou word om te verseker dat hulle die medisyne gereeld kom haal. Hierdie beheermaatreëls is met uitstekende gevolg toegepas. Die pasiënte kom nie slegs die tablette meer gereeld haal nie, maar die tuberkulosesyfer het ook 'n aansienlike daling getoon. Die verpligte daaglikse behandeling het 'n verrassende uitwerking gehad selfs in die hardnekkigste positiewe tuberkulosegevalle wat vir die eerste keer negatief gereageer het en ook so gebly het. Hierdie maatreël verseker ook dat die duur medisyne nie verkwis word nie. Die resultate is belowend genoeg om dit te oorweeg om die stelsel op 'n breër grondslag deur die hele land toe te pas, selfs al sou dit nodig wees om mobiele klinieke in te stel wat daaglikse uitgaan en op geskikte plekke stilhou.

STERFGEVALLE.

Die totale sterftesyfer vir die jaar is soos volg:

	Blankes	Nieblankes	Totaal
Gevalle wat gedurende 1964 aangemeld en gedurende 1964 oorlede is.....	— (3)	64 (84)	64 (87)
Gevalle wat voor 1964 aangemeld is maar gedurende 1964 oorlede is.....	3 (10)	37 (62)	40 (72)
	3 (13)	101 (146)	104 (159)
Gevalle van ingelyfde gebiede afkomstig wat gedurende 1964 aangemeld is en ook gedurende 1964 oorlede is.....	4	2	6
Gevalle van ingelyfde gebiede afkomstig wat voor 1964 aangemeld is maar gedurende 1964 oorlede is.....	—	—	—
	4	2	6

Tabel F toon die sterftes as gevolg van tuberkulose onder die verskillende rasse en volgens geslag asook die sterftesyfer vir die onderskeie groepe aan.

INGELYFDE GEBIEDE
STERFTESYFER 1964 (OU EN NUWE GEVALLE)

TABEL F.

		Plaaslike gevalle			Ingevoerde gevalle			Plaaslike en ingevoerde gevalle		
Ras	Geslag	Pulmonère tuber- kulose	Ander vorms	Alle vorms	Pulmonère tuber- kulose	Ander vorms	Alle vorms	Pulmonère tuber- kulose	Ander vorms	Alle vorms
Blankes.....	M V	3 —	— —	3 —	1 —	— —	1 —	4 —	— —	4 —
TOTAAL.....		3	—	3	1	—	1	4	—	4
Kleurlinge.....	M V	— —	— —	— —	— —	— —	— —	— —	— —	— —
TOTAAL.....		—	—	—	—	—	—	—	—	—
Asiate.....	M V	— —	— —	— —	— —	— —	— —	— —	— —	— —
TOTAAL.....		—	—	—	—	—	—	—	—	—
Bantoes.....	M V	2 —	— —	2 —	— —	— —	— —	2 —	— —	2 —
TOTAAL.....		2	—	2	—	—	—	2	—	2
Alle Nieblankes.....	M V	2 —	— —	2 —	— —	— —	— —	2 —	— —	2 —
TOTAAL.....		2	—	2	—	—	—	2	—	2
Alle rasse.....	M V	5 —	— —	5 —	1 —	— —	1 —	6 —	— —	6 —
TOTAAL		5	—	5	1	—	1	6	—	6

Sterftesyfer per 1,000 van die bevolking vergeleke met vroeër jare (Plaaslike en ingevoerde gevalle).

Ras	1960		1961		1962		1963		1964		Alle vorms						
	Pulmo- nêre	Ander vorms	Pulmo- nêre	Ander vorms	Pulmo- nêre	Ander vorms	Pulmo- nêre	Ander vorms	Pulmo- nêre	Ander vorms	1958	1959	1960	1961	1962	1963	1964
Blankes.....	.051	.013	.018	.006	.018	.012	.047	.029	.012	.006	.04	.058	.064	.024	.03	.076	.017
Nieblankes;;.....	.443	.119	.535	.155	.628	.175	.545	.154	.349	.062	.645	68	.552	.68	.801	.669	.411
Alle rasse.....	.266	.068	.301	.086	.354	.103	.322	.098	.198	.036	.369	.405	.334	.387	.459	.42	.234

Ouderdomsgroepe:

Die volgende tabelle toon die sterftes as gevolg van pulmonêre tuberkulose onder die verskil-lende ouderdomsgroepe aan.

	0-1		1-5		6-10		11-15		16-20		21-30		31-40		41-50		50 en oor		Totaal	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Blankes.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	2	—	—
Nieblankes.....	1	1	3	—	1	—	—	1	1	2	8	7	9	5	21	5	18	5	62	26
Totale ingelyfde gebiede..	1	1	3	—	1	—	—	1	1	2	8	7	10	5	21	5	19	5	64	26

Sterfgevalle wat spruit uit ander tuberkulosevorms en sterfgevalle onder tuberkuloselyers waar beswyking aan ander faktore toe te skryf is, word in die volgende tabel aangetoon.

	Blankes		Nieblankes		Totaal
	M	V	M	V	
Miliêre tuberkulose.....	1	—	1	—	2
Tuberkulose-meningitis.....	—	—	1	2	3
Longkanker.....	—	—	1	—	1
Tuberkulose met primêre kompleks....	—	—	4	3	7
Motorongelukke.....	—	—	1	—	1

Die uiteensetting van die stadium waarin die dood ingetree het by gevalle wat gedurende die jaar aangemeld is, volg hieronder:—

	Blankes		Nieblankes		Totaal		Persentasie Totale sterfgevalle %	
	M	V	M	V				
Gesterf voor aanmelding.....	—(3)	—	15 (21)	11 (14)	26 (38)	41 (44)		
Gesterf binne 1 maand na aanmelding...	—	—	15 (28)	6 (8)	21 (36)	33 (41)		
Gesterf binne 1-3 maande na aanmelding	—	—	5 (3)	5 (4)	10 (7)	16 (8)		
Gesterf binne 3-6 maande na aanmelding	—	—	2 (4)	1 (—)	3 (4)	4 (5)		
Gesterf binne 6-12 maande na aanmel- ding.	—	—	1 (2)	2 (—)	4 (2)	6 (2)		
TOTAAL.....	—(3)	—	39 (58)	25 (26)	64 (87)	100		
Buitestedelike Gebiede—voor aanmel- ding.	4	—	2	—	6			

Uit bogemelde tabel kan gesien word dat dit by 74 persent van die sterfgevalle wat aangemeld is en gedurende die jaar te sterwe gekom het, die geval is dat dit voor aanmelding of binne 1 maand na aanmelding plaasgevind het en dit is weereens duidelik, soos in vorige jare berig is, dat dit die Bantoeman, die broodwinner, is wat mediese behandeling uitstel uit vrees vir geldelike verlies en verlies van die ondersteuning van sy gesin as hy verplig sou wees om sy werk te laat staan en in die hospitaal opgeneem te word.

Hoofstuk III

HOSPITAAL VIR AANSTEEKLIKE SIEKTES

Hierdie hospitaal, 'n inrigting met 90 beddens, behoort aan die Stadsraad van Pretoria en is geleë op die terrein van die Pretoriase Algemene Hospitaal.

Die sale vir Blankes, wat heeltemal van die Nieblanke-afdeling geskei is, kan 50 pasiënte huisves, terwyl die sale vir Nieblankes 40 beddens bevat. Daar is nie afsonderlike huisvesting vir Asiate- of Kleurlingpasiënte nie, maar waar moontlik word hulle in private, enkel- of tweebedsale verpleeg.

Die personeel van die Nieblanke-afdeling bestaan uitsluitlik uit Bantoeverpleegsters behalwe dat daar nou en dan Indiër- of Kleurlingverpleegsters is wat opleiding in die Pretoriase Algemene Hospitaal ontvang.

GELDELIKE REËLINGS.

Die Pretoriase Hospitaal voorsien al die verplegingspersoneel, aptekersbenodigdhede, X-straal-geriewe, rantsoene, linne en was geriewe, stoom, lig en water, asook sekere gespesifiseerde koste van onderhoud van die geboue en toerusting.

Hiervoor betaal die Stadsraad 'n vasgestelde bedrag per pasiënt per dag vir dié pasiënte vir wie hy geldelik aanspreeklikheid aanvaar. Hierdie bedrag word periodiek deur onderlinge ooreenkoms gewysig as stygende koste dit regverdig.

Daar word ook onderling gereël dat die Spesialistepersoneel van die Algemene Hospitaal vir raadpleging by die Hospitaal vir Aansteeklike Siektes beskikbaar is, terwyl die Stadsraad se Geneeskundige Beamptes 'n dag-en-nag-raadplegingsdiens vir aansteeklike siektes voorsien, wat veral deur die personeel van die Ongevalle- en Opname-afdelings van die Algemene Hospitaal gebruik en gewaardeer word.

GEBIEDE WAT BEDIEN WORD.

Hieronder ressorteer die Pretoriase munisipale gebied, sy buitestedelike gebiede en Noord-Transvaal, maar pasiënte uit enige ander gebiede wat moeilikheid ondervind om sy eie pasiënte te huisves, soos byvoorbeeld tydens epidemies, word opgeneem.

AMBULANSREELINGS.

Die Pretoriase Stadsraad voorsien sy eie ambulansdienste vir aansteeklike siektes. Dieselfde geld vir die Gesondheidsraad vir Buitestedelike Gebiede, terwyl ander plaaslike owerhede hul pasiënte per trein, huurmotor of ambulans instuur, na gelang van omstandighede.

AANSTEEKLIKE SIEKTES. HOSPITAALSTATISTIEK.

L.W.—Vergelykende syfers word tussen hakies verstrek en het betrekking op die tydperk van 12 maande wat op 1 Januarie 1963 begin en 31 Desember 1963 eindig.

TOTALE OPNAMES.

Negenhonderd-agt-en-negentig (940) pasiënte van wie 186 (163) Blankes en 812 (777) Nieblankes was, is opgeneem.

Die gebiedsverspreiding is:

	Pretoria	Ander gebiede
Blankes.....	122 (96)	64 (67)
Nieblankes.....	477 (446)	335 (331)

AKUTE ANTERIOR-POLIOMIËLITIS.

Daar word met genoeg berig dat nie 'n enkele geval van poliomiëlitis vanjaar in die Afsonderingshospitaal opgeneem is nie.

DIFTERIE.

Eenhonderd agt-en-dertig (162) pasiënte is gedurende die jaar opgeneem, waarvan 30 (25) Blankes was en 108 (137) Nieblankes. Een plaaslike Blanke kind is as 'n tydelike draer van die difterie-basil beskou.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	18 (9)	12 (16)
Nieblankes.....	39 (30)	69 (107)

Voorkomstyd en -syfer:

Jan.	Feb.	Mrt.	Apr.	Mei	Junie	Julie	Aug.	Sept.	Okt.	Nov.	Des.
7 (20)	12 (27)	24 (17)	12 (33)	11 (10)	11 (5)	13 (4)	9 (6)	4 (5)	5 (9)	10 (6)	20 (11)

Van die pasiënte wat opgeneem is, was 58.0% (57.4%) kinders van vyf jaar en jonger.

Blankes:

Net een pasiënt, 'n Blanke meisie van 12 jaar, is 'n paar uur na opname aan 'n ernstige aanval van "bulnek"-difterie oorlede. Ses ander pasiënte met "bulnek"-aanvalle het na lang tydperke van hospitalisasie herstel. Trageotomie-operasies is op vier ander gevalle vir asemhalingsobstruksie gedoen. Al hierdie gevalle het sonder terugslae herstel.

Nieblankes:

Drie-en-dertig gevalle is oorlede en hiervan het 6 "bulnek"-aanvalle gehad en nog 4 moes trageotomie-operasies ondergaan. 3 Pasiënte met "bulnek"-aanvalle het herstel. Altesaam 14 gevalle moes trageotomie-operasies ondergaan: 11 vir asemhalingsobstruksie en drie vir keelholte en diafragmaverlamming wat later ontwikkel het. Een van laasgenoemde gevalle is oorlede.

TIFOÏDE:

Die totale behandelde gevalle was 137 (79) van wie 7 (6) Blankes was en 130 (73) Nieblankes. Voorkomstyd en -syfer:

Jan.	Feb.	Maart	April	Mei	Junie	Julie	Aug.	Sept.	Okt.	Nov.	Des.
21 (14)	28 (6)	21 (13)	8 (5)	7 (7)	4 (1)	5 (2)	2 (2)	5 (3)	2 (10)	5 (6)	29 (10)

Gebiedsverspreiding:

	Pretoria	Ander gebiede
Blankes.....	3 (5)	4 (1)
Nieblankes.....	45 (33)	85 (40)

Alle Blankes het sonder terugslae herstel.

Nege Nieblanke gevalle het gesterf. Twee van hierdie gevalle het perforasies gehad (een het ook lewersirroze gehad) en die meeste van die ander pasiënte is in 'n gevorderde stadium van die siekte opgeneem. Twee ander gevalle met perforasies het goed herstel. Drie gevalle het 'n koorspsigose na tifoïde ontwikkel, maar almal het herstel.

SKARLAKENKOORS.

Twee (4) Blanke en twee (1) Nieblanke pasiënte is opgeneem.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	1 (2)	1 (2)
Nieblankes.....	2 (1)	0 (0)

Een plaaslike Blanke kind is met skarlakenwondkoors opgeneem. Die orige drie gevalle is opgeneem omdat toestande tuis so 'n stap geregverdig het.

PULMONÊRE TUBERKULOSE.

Pasiënte wat aan pulmonêre tuberkulose ly, word in die reël nie in die Afsonderingshospitaal opgeneem nie, maar dit was in die loop van die jaar nodig om 'n paar gevalle vir 'n dag of twee te huisves terwyl daar reëlins vir hul opname in verskillende sanatoriums getref is. 'n Aantal pasiënte wat in 'n sterwende toestand by die Algemene Hospitaal aangekom het, moes ook opgeneem word.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	10 (6)	1 (4)
Nieblankes.....	229 (228)	100 (96)

Twee Blanke en 19 Nieblanke pasiënte is oorlede voordat reëlins vir hulle oorplasing na sanatoriums getref kon word.

OPMERKING:

Vir die hospitalisasie van tuberkulosegevalle in die algemeen, sien gedeelte oor Tuberkulose.

DUITSE MASELS:

Van die ses gevalle wat opgeneem is, was 5 lede van die verpleegpersoneel van die Pretoriase Algemene Hospitaal en die orige een geval is toegelaat op grond van toestande wat geen verband gehad het met sy aanval van Duitse masels nie.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	6 (6)	0 (0)
Nieblankes.....	0 (1)	0 (0)

Daar was geen sterfgevalle nie.

MASELS.

In Pretoria is masels nie 'n aanmeldbare siekte nie en die gevalle wat opgeneem is, is slegs 'n breukdeel van die aantal kinders wat inderdaad die siekte opdoen.

Altesaam 41 (19) Blankes en 105 (98) Nieblankes is opgeneem.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	35 (10)	6 (9)
Nieblankes.....	73 (66)	32 (32)

Blankes:

Die enigste sterfgeval in dié groep was 'n kind van twee jaar wat binne 'n paar uur na opname aan brongo-pneumonie gesterf het. Vier gevalle het aan ernstige laringo-tragitis gely; een van hierdie gevalle was so ernstig dat 'n trageotomie-operasie gedoen moes word om sy lewe te red. Drie gevalle van enkefalitis het voorgekom. 'n Bilaterale miringo-operasie vir middeloorontsteking is op een van die kinders uitgevoer. In die meerderheid gevalle was brongo-pneumonie die grootste komplikasie. Drie pasiënte was verpleegsters by die Algemene Hospitaal en een ander 'n student uit 'n universiteitskoshuis.

Nieblankes:

Nege gevalle is oorlede—agt aan brongo-pneumonie en een na 'n trageotomie-operasie vir asemhalingsobstruksie as gevolg van laringo-tragitis. 'n Ander geval wat 'n trageotomie-operasie vir asemhalingsobstruksie gehad het, het herstel. Soos in die geval van die Blanke kinders is die meerderheid met brongo-pneumonie-komplikasies toegelaat. Hierbenewens is 'n groot aantal gevalle ook toegelaat op grond van toestande wat geen verband met hulle aanvalle van masels gehad het nie. Enkefalitis het slegs in een geval as komplikasie voorgekom.

KINKHOES:

Agtien (12) Blankes en 29 (19) Nieblankes is opgeneem.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	10 (9)	8 (3)
Nieblankes.....	13 (14)	16 (5)

Blankes:

Een kind het akute hartspierontsteking opgedoen met die aanval van kinkhoes en brongo-pneumonie. 'n Ander het 'n aangebore hartkwaal gehad. Die ander is almal met brongo-pneumonie opgeneem en twee was ook ernstig ondervoed. Al die kinders het herstel.

Nieblankes:

Brongo-pneumonie was weer eens die hoofkomplikasie en twee sterfgevalle was die gevolg van hierdie komplikasie.

EPIDEMIESE PAROTITIS (PAMPOENTJIES):

Veertien (13) Blankes en vyf (0) Nieblankes is opgeneem.

Daar was geen sterfgevalle nie.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	10 (10)	4 (3)
Nieblankes.....	4 (0)	1 (0)

Blankes:

Sewe van die gevalle wat opgeneem is was verpleegsters van wie een akute pankreasontsteking as 'n komplikasie ontwikkel het. Twee gevalle van enkefalitis en 2 van orgitis is opgeneem. Drie gevalle is opgeneem weens komplikasies wat nie direk met pampoentjies in verband gestaan het nie.

Nieblankes:

Een geval het aan orgitis gely en die ander is weens komplikasies wat nie direk met pampoentjies in verband staan nie, opgeneem.

MENINGITIS: MENINGOKOKKALE EN ANDER Tipes:

Altesaam elf gevalle is opgeneem. Twee het aan aseptiese en die ander aan meningokokkale meningitis gely. Een Blanke man (69 jaar oud) wat reeds aan hartversakking gely het, is aan meningokokkale meningitis oorlede.

Verspreiding:

	Pretoria	Ander gebiede
Blankes.....	5 (1)	3 (2)
Nieblankes.....	1 (1)	2 (1)

WATERPOKKIES:

Ses (17) Blankes en 21 (11) Nieblankes is opgeneem. Daar was geen sterfgevalle nie.

Verspreiding:

	<i>Pretoria</i>		<i>Ander gebiede</i>	
Blankes.....	5	(14)	1	(13)
Nieblankes.....	13	(3)	8	(8)

Onder die gevalle wat opgeneem is, was daar 2 verpleegsters en 4 pasiënte uit plekke soos hotels, waar hulle nie afgesonder kon word nie. Een pasiënt het aan enkefalitis gely en vier ander pasiënte is met kompliserende pneumonie opgeneem terwyl die orige gevalle gely het aan toestande wat nie met waterpokkies in verband gestaan het nie.

ANDER OPNAMES:

Leprosegvalle word in die reël in die Staat se Leprose-inrigting te Wesfort naby Pretoria opgeneem, maar wanneer gevalle aldaar groot snykundige behandeling verg, word hulle in die Afsonderingshospitaal opgeneem. Twee (4) Blankes en 15 (11) Nieblankes is vir hierdie doel gedurende die verslagjaar opgeneem.

Ander Blankes wat opgeneem is, is 5 gevalle van belroos, 6 van virus-enkefalitis en 2 van gasgangreen. Een geval van gasgangreen is oorlede.

Nieblankes:

Een geval van pokkies (Amaas) wat per abuis opgeneem is, is onmiddellik na die Staatsafsonderingshospitaal in Rietfontein oorgeplaas. 'n Ander ernstig-ondervoede kind wat 'n pokkies-kontak was, is aan brongo-pneumonie dood. Een geval van pokkies (algemeen), twee van belroos, een van sifilis en een van geboorteseptis moes ook opgeneem word.

Veertien Nieblankes moes as loseerders opgeneem word. Dit was almal gevalle waar borsbabas betrokke was en geen ander reëlins kon getref word nie.

OBSERVASIEGEVALLE:

Agt-en-twintig (29) Blankes en 44 (87) Nieblankes wat vir observasie opgeneem is, het geblyk nie aan 'n aansteeklike siekte te ly nie. Die meeste van hulle is gestuur as moontlike difterie-, tifoïde- of pulmonêre tuberkulosegevalle.

Nie een van die Blanke-gevalle is oorlede nie. Een van die Nieblanke-gevalle is as gevolg van 'n nie-aansteeklike siekte oorlede.

Verspreiding:

	<i>Pretoria</i>		<i>Ander gebiede</i>	
Blankes.....	13	(11)	15	(18)
Nieblankes.....	27	(46)	17	(41)

In die volgende tabel word die getal behandelde gevalle en hul rasindeling en verspreiding opgesom:—

	<i>Blankes</i>				<i>Nieblankes</i>			
	<i>Pretoria</i>		<i>Ander gebiede</i>		<i>Pretoria</i>		<i>Ander gebiede</i>	
Akute anterio-poliomiëlitis.....	0	(0)	0	(3)	0	(4)	0	(1)
Difterie.....	17	(8)	12	(14)	39	(29)	69	(107)
Difteriedraers.....	1	(1)	0	(2)	0	(1)	0	(0)
Tifoïde.....	3	(5)	4	(1)	45	(33)	85	(40)
Skarlakenkoors.....	1	(2)	1	(2)	2	(1)	0	(0)
Pulmonêre tuberkulose.....	10	(6)	1	(4)	229	(228)	100	(96)
Masels.....	35	(10)	6	(9)	73	(66)	32	(32)
Duitse masels.....	6	(6)	0	(0)	0	(1)	0	(0)
Kinkhoes.....	10	(9)	8	(3)	13	(14)	16	(5)
Pampoentjies.....	10	(10)	4	(3)	4	(0)	1	(0)
Meningitis—alle tipes.....	5	(1)	3	(2)	1	(1)	2	(1)
Waterpokkies.....	5	(14)	1	(3)	13	(3)	8	(8)
Geslagsiektes.....	0	(0)	0	(0)	0	(0)	1	(0)
Ander opnames.....	6	(13)	9	(3)	31	(18)	4	(0)
Observasiegevalle.....	13	(11)	15	(18)	27	(46)	17	(41)
TOTAAL.....	122	(96)	64	(67)	477	(446)	335	(331)

Hoofstuk IV

VENERIESE SIEKTES

L.W.—Vergelykende syfers word tussen hakies verstrek en het betrekking op die tydperk van twaalf maande wat op 1 Januarie 1963 begin en op 31 Desember 1963 eindig.

Die merendeel van die klinieke vir veneriese siektes word in die Kliniekgebou vir Spesiale Siektes op die terrein van die Pretoriase Algemene Hospitaal gehou.

DIENSTE AAN BLANKES:

Daar word vier sessies per week gehou, twee vir vroue en twee vir mans, met inbegrip van 'n sessie vir mans in die laat namiddag na werksure.

Die personeel, wat ook ander pligte waarneem, bestaan uit 'n Geneeskundige Beampte, 'n Suster en 'n manlik kliniekklerk. Alle sessies vir Blankes word waargeneem deur die Geneeskundige Beampte wat aan die hoof van die Hospitaal vir Aansteeklike Siektes staan.

Die tabel hieronder toon die getal wat die Kliniek in die loop van die jaar besoek het:—

Diagnose	Nuwe gevalle				Bywonings—nuwe en ou gevalle gesamentlik			
	Mans		Vroue		Mans		Vroue	
Seronegatiewe primêre sifilis.....	2	(0)	0	(0)	10	(0)	0	(0)
Seropositiewe primêre sifilis.....	2	(1)	0	(0)	11	(16)	0	(0)
Sekondêre sifilis.....	3	(0)	2	(1)	36	(2)	4	(14)
Tersiêre sifilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Latente sifilis.....	8	(0)	1	(5)	29	(0)	7	(8)
Neurosifilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Aangebore sifilis (onder 1 jaar).....	0	(0)	0	(0)	0	(0)	0	(0)
Aangebore sifilis (bo 1 jaar).....	0	(0)	0	(0)	0	(0)	0	(0)
TOTALE SIFILISGEVALLE.....	15	(1)	3	(6)	86	(18)	11	(22)
Gonorrée.....	33	(31)	14	(1)	108	(111)	58	(7)
Ulcus Molle.....	0	(0)	0	(0)	0	(0)	0	(0)
Vulvovaginitis.....	0	(0)	0	(0)	0	(0)	0	(0)
Veneriese vratte.....	2	(1)	0	(0)	6	(1)	0	(0)
Nie-spesifieke urethritis.....	0	(0)	0	(0)	2	(4)	0	(0)
Nie-veneries.....	33	(30)	4	(10)	93	(93)	15	(30)
GROOTTOTAAL.....	83	(63)	21	(17)	293	(225)	84	(59)

DIENSTE AAN NIEBLANKES:

Die klinieke vir Nieblankes word by verskeie sentrums gehou. Die hoofklinieke, verreweg die grootste, word, soos reeds verduidelik is, by die Kliniek vir Spesiale Siektes op die terrein van die Pretoriase Algemene Hospitaal gehou. Sessies word ook by die Poliklinieke in Atteridgeville en Mamelodi gehou.

Die Sentrale Kliniek se personeel is dieselfde as dié vir die Blankes behalwe dat dit ook twee deeltydse Nieblanke helpers en 'n Nieblanke verpleegster insluit.

Die Geneeskundige Beampte wat aan die hoof van die Afsonderingshospitaal staan, neem al vier die sessies by die Sentrale kliniek waar, terwyl die sessies by die ander sentrums deur die Adjunk-stadsgesondheidshoof waargeneem word. Daar is dus altesaam ses sessies per week vir Nieblankes in Pretoria benewens twee sentrums in die Bantoewoongebiede waar pasiënte hulle elke dag (behalwe Saterdag en Sondag) vir behandeling kan aanmeld. Die sessies duur gemiddeld anderhalfuur, terwyl die vroeë aandessies by die Sentrale Kliniek twee uur duur.

Die opspoor van kontakgevalle van die Nieblankes wat die Sentrale Kliniek besoek wat hoofsaaklik bedoel is vir huisbediendes wat uit hulle normale gesinskring verwyder is, is dikwels onmoontlik vanweë die toevallige aard van die verhouding, die aantal kere wat gevalle met verskillende persone omgang gehad het, en die moeilikheid wat ondervind word om hoegenaamd 'n adres in die hande te kry. 'n Aansienlike aantal pasiënte reageer egter op ons versoek om die kontakte self ook aan te raai om die klinieke by te woon.

By die Poliklinieke in die Bantoewoongebiede het ons heelwat meer welslae behaal, hoofsaaklik omdat sommige faktore wat in die vorige paragraaf vermeld is, nie in dieselfde mate in hierdie gebiede aanwesig is nie.

Afwesigheid of die onderbreking van behandeling skep nie 'n groot probleem nie omdat die Bantoe, sodra daar eers met die behandeling 'n begin gemaak is, alte gewillig is om hom aan te meld totdat hy genees is. As hy nie meer opdaag nie, is die oorsaak veelal omstandighede en nie vrye keuse nie.

Die volgende tabelle dui die getal pasiënte aan wat gedurende die verslagjaar die verskillende klinieke besoek het:—

SENTRALE OF HOOFKLINIEK

Diagnose	Nuwe gevalle				Bywonings, nuwe en ou gevalle gesamentlik			
	Mans		Vroue		Mans		Vroue	
Seronegatiewe primêre sifilis.....	79	(36)	2	(0)	324	(175)	3	(0)
Seropositiewe primêre sifilis.....	189	(260)	16	(10)	821	(1,179)	58	(51)
Sekondêre sifilis.....	198	(133)	202	(243)	705	(475)	1,047	(1,136)
Tersiêre sifilis.....	0	(2)	0	(1)	8	(26)	0	(12)
Latente sifilis.....	91	(136)	190	(131)	528	(729)	312	(341)
Neurosifilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Aangebore sifilis (onder 1 jaar).....	1	(4)	2	(0)	6	(18)	11	(0)
Aangebore sifilis (bo 1 jaar).....	0	(1)	0	(0)	0	(2)	0	(4)
TOTALE SIFILISGEVALLE.....	558	(572)	412	(385)	2,392	(2,604)	1,431	(1,544)

Diagnose	Nuwe gevalle				Bywonings, nuwe en ou gevalle gesamentlik			
	Mans		Vroue		Mans		Vroue	
Gonorrêe.....	1,046	(969)	37	(30)	3,897	(3,643)	145	(97)
G.C.-vulvovaginitis.....	0	(0)	0	(0)	0	(0)	0	(0)
Veneriese vratte.....	14	(32)	3	(6)	81	(138)	18	(28)
Nie-spesifieke urethritis.....	0	(0)	0	(0)	0	(0)	0	(0)
Nie-veneries.....	263	(345)	85	(65)	802	(1,066)	211	(191)
GROOTTOTAAL.....	1,881	(1,918)	537	(486)	7,172	(7,451)	1,805	(1,860)

	Mans		Vroue	
Getal gevalle wat aan twee of meer veneriese siektes ly.....	128	(147)	4	(5)
Getal gevalle wat op proef ontslaan is.....	180	(132)	70	(96)
Getal gevalle wat as volkome genees ontslaan is.....	782	(862)	99	(97)

POLIKLINIEK MAMELODI

Diagnose	Nuwe gevalle				Bywonings, nuwe en ou gevalle gesamentlik			
	Mans		Vroue		Mans		Vroue	
Seronegatiewe primêre sifilis.....	3	(2)	1	(2)	11	(3)	5	(8)
Seropositiewe primêre sifilis.....	0	(7)	3	(5)	4	(41)	22	(17)
Sekondêre sifilis.....	5	(2)	45	(53)	29	(6)	257	(305)
Tersiêre sifilis.....	0	(1)	0	(0)	0	(1)	0	(0)
Latente sifilis.....	4	(14)	96	(171)	29	(81)	192	(401)
Aangebore sifilis (onder 1 jaar).....	0	(0)	0	(0)	0	(1)	0	(8)
Aangebore sifilis (bo 1 jaar).....	0	(0)	0	(1)	0	(0)	4	(1)
TOTALE SIFILISGEVALLE.....	12	(26)	145	(232)	73	(133)	480	(740)
Gonorrêe.....	14	(16)	3	(1)	47	(88)	19	(2)
Nie-veneries.....	7	(13)	18	(24)	21	(25)	49	(62)
Veneriese vratte.....	0	(0)	1	(1)	0	(0)	5	(11)
GROOTTOTAAL.....	33	(55)	167	(258)	141	(246)	553	(815)

	Mans		Vroue	
Getal gevalle wat aan twee of meer veneriese siektes ly.....	1	(11)	0	(0)
Getal gevalle wat op proef ontslaan is.....	0	(1)	36	(15)
Getal gevalle wat as uiteindelik genees ontslaan is.....	14	(6)	51	(13)

ATTERIDGEVILLESE POLIKLINIEK

Diagnose	Nuwe gevalle				Bywonings, nuwe en ou gevalle gesamentlik			
	Mans		Vroue		Mans		Vroue	
Serogatiëwe primêre sifilis.....	1	(1)	1	(0)	8	(4)	3	(1)
Seropositiewe primêre sifilis.....	7	(5)	1	(1)	45	(40)	2	(10)
Sekondêre sifilis.....	16	(2)	74	(47)	73	(16)	454	(438)
Tersiêre sifilis.....	0	(1)	0	(0)	0	(8)	0	(12)
Latente sifilis.....	9	(10)	138	(210)	83	(82)	423	(651)
Neurosifilis.....	0	(0)	0	(0)	0	(0)	0	(0)
Aangebore sifilis (onder 1 jaar).....	0	(0)	3	(0)	0	(2)	18	(8)
Aangebore sifilis (bo 1 jaar).....	0	(0)	0	(0)	2	(0)	16	(3)
TOTALE SIFILISGEVALLE.....	33	(19)	217	(258)	211	(152)	916	(1,123)
Gonorree.....	13	(15)	0	(6)	69	(67)	0	(33)
Veneriese vratte.....	1	(0)	3	(2)	5	(0)	14	(16)
Nie-veneries.....	11	(3)	8	(6)	49	(12)	26	(30)
GROOTTOTAAL.....	58	(37)	228	(272)	334	(231)	956	(1,202)

	Mans	Vroue
Getal gevalle wat aan twee of meer veneriese siektes ly.....	0 (3)	0 (1)
Getal gevalle wat op proef ontslaan is.....	7 (2)	33 (24)
Getal gevalle wat as uiteindelik genees ontslaan is.....	29 (9)	66 (26)

VOORGEBOORTELIKE SIFILISBEHANDELING:

Alle vroue wat die munisipale klinieke vir voorgeboortelike sorg besoek, word serologies vir sifilis getoets. Normaalweg word diegene wat dit nodig het, aldaar behandel, tensy spesiale omstandighede, hetsy diagnosties of andersins, dit vereis dat hulle na die kliniek vir Veneriese Siektes moet gaan.

Na die bevalling word die behandeling vir hierdie gevalle en hul babas by die Kliniek vir Veneriese Siektes voortgesit.

Die volgende tabelle toon die aantal voorgeboortelike gevalle aan wat by die verskillende klinieke teen sifilis behandel is:—

BLANKES

	1—3 maande	Maande van swangerskap 4—6 maande	7—9 maande
Getal swangeres wat serologies getoets is.....	123 (167)	225 (208)	67 (42)
Getal wie se reaksies positief of twyfelagtig was.....	5 (2)	17 (1)	4 (0)
Getal wat voorheen (by enige kliniek) behandel is.....	0 (0)	0 (0)	0 (1)
Getal wat die 1ste reeks behandelings tydens swangerskap ontvang.....	0 (0)	17 (0)	4 (1)

NIEBLANKES

ATTERIDGEVILLEKLINIEK.

Getal swangeres wat serologies getoets is.....	431 (355)	1,783 (1,559)	902 (886)
Getal wie se reaksie positief of twyfelagtig was.....	39 (25)	126 (108)	60 (38)
Getal wat voorheen (by enige kliniek) behandel is.....	2 (3)	12 (31)	9 (11)
Getal wat die 1ste reeks behandelings tydens swangerskap ontvang.....	24 (16)	86 (69)	45 (28)

KAMPONGKLINIEK:

Getal swangeres wat serologies getoets is.....	132 (144)	507 (584)	172 (228)
Getal wie se reaksie positief of twyfelagtig is.....	17 (10)	65 (57)	19 (16)
Getal wat voorheen (by enige kliniek) behandel is.....	0 (1)	0 (6)	0 (1)
Getal wat die 1ste reeks behandelings tydens swangerskap ontvang.....	15 (9)	64 (44)	19 (11)

MAMELODIKLINIEK:

Getal swangeres wat serologies getoets is.....	192 (197)	1,198 (1,127)	445 (400)
Getal wie se reaksie positief of twyfelagtig was.....	18 (20)	101 (85)	44 (31)
Getal wat voorheen (by enige kliniek) behandel is.....	8 (12)	54 (66)	23 (31)
Getal wat die 1ste reeks behandelings tydens swangerskap ontvang.....	14 (13)	87 (61)	39 (22)

Hoofstuk V

KINDERSORGWERKSAAMHEDE

Die werk van hierdie seksie behels hoofsaaklik die voorkomende sorg vir die verwagte moeder en voorskoolse kinders van alle rasse.

Die geneeskundige personeel het deur die jaar onveranderd gebly en het bestaan uit twee voltydse Geneeskundige Beamptes vir Moeder- en Kindersorg met die bystand van 4 voltydse kliniese mediese beamptes en twee deeltydse geneeshere.

Daar is 22 betrekkings vir Blanke Gesondheidsbesoeksters in hierdie Afdeling. Twee bestaande vakatures is gevul. Op 1 Julie 1964 toe inlywing plaasgevind het, is een Blanke suster van die Gesondheidsraad vir Buitestedelike Gebiede se Gesondheidsdiens na ons personeel oorgeplaas sodat ons tans 23 Gesondheidsbesoeksters in diens het.

Die Nieblanke-personeel het verlede jaar 39 getel en is hierdie jaar na 43 vermeerder. Van hierdie verpleegsters is 25 met kindersorg- en tuberkulosewerk besig, en 14 is vroedvroue. Daar is 4 Bantoeverpleegassistente wat geen opleiding gehad het nie.

Hierdie vermeerdering is te wyte aan die aanstelling van drie bykomende vroedvroue vir die Saulsvillegebied en aan die oorplasing van 'n Kleurlingverpleegster van die Gesondheidsdiens van die Gesondheidsraad vir Buitestedelike Gebiede met die inlywing van sekere gebiede.

Dit is met spyt dat berig word dat een van ons Nieblankeverpleegsters, verpleegster Rebecca Setlogo, op 18.6.1964 oorlede is.

Die dienste van die twee manlike Nieblankeklerke wat verlede jaar aangestel is om in die Mamelodikliniek te help, het uiters waardevol geblyk te wees. Hulle maak dit vir die opgeleide verpleegpersoneel moontlik om van sekere pligte soos die opspoor en liasseer van kaartjies en ander roetine-aangeleenthede vrygestel te word. Alhoewel Saulsville en Atteridgeville saam die werklike Atteridgeville uitmaak, het ons vir administrasiedoeleindes voortgegaan om die twee kliniekeenhede as afsonderlik te beskou.

Die bevolking van hierdie gebied het gedurende die afgelope jaar meer gevestig geraak, maar bywonings van die klinieke in Saulsville en Atteridgeville vir beide kindersorg- en voorgeboortelike doeleindes, het aansienlik vermeerder. Die kindersorgbywonings het gedurende die jaar feitlik verdubbel. Die rede hiervoor kan waarskynlik toegeskryf word aan die feit dat 'n gevestigde bevolkingsgroep meer van kliniekgeriewe bewus word en nouer kontak met die kliniek word hierdeur in die hand gewerk en ook deur die feit dat ons verpleegpersoneel die huise herhaaldelik besoek.

Met die oog op die vermeerderde bywonings sal dit waarskynlik nodig wees om meer persone in die geneeskundige personeel aan te stel.

Die Geneeskundige Beampte te Saulsville, wat tans deeltydse hulp van een van die ander voltydse geneeshere ontvang, kon die werk behartig maar enige verdere toename sou die aanstelling van 'n ander deeltydse geneesheer regverdig. (Deeltydse hulp beteken hulp vir 'n oggend of 'n middag). By Atteridgeville is die posisie dieselfde veral wat die kindersorgklinieke betref.

Dit sal nodig wees om die aanstelling van twee kindersorgverpleegsters by die Saulsvillekliniek in die komende jaar te oorweeg en by Atteridgeville behoort die aanstelling van nog 'n vroedvrou en nog 'n kindersorgverpleegster ook oorweeg te word.

'n Ander pertinente faktor hier is die stigting van 'n addisionele kliniek ten einde aan die behoeftes van die inwoners aan die westekant van die gebied te voldoen.

Die kliniek te Mamelodi het hierdie jaar hoofsaaklik pasiënte van Mamelodi-Wes bedien. Die bevolking van hierdie dorp het van 64,000 verlede jaar tot 66,000 hierdie jaar vermeerder, en die aantal huise van 9,000 tot 10,000.

Die bywoningsyfers te Mamelodi toon 'n geleidelike toename en dit sal ook nodig wees om nog 'n kindersorgverpleegster vir hierdie gebied aan te stel. Dit sal baie beteken vir dié pasiënte wat ver van die kliniek woon maar wat voordeel sal trek uit die besoeke van 'n kindersorgverpleegster.

Die stigting van 'n kliniek vir Mamelodi-Oos, wat uitgestel is in afwagting van onderhandelings met die Staatsgesondheids- en Provinsiale owerhede, sal verdere oorweging geniet.

PERSELE

Kliniekdienste vir Blankes in Pretoria het dieselfde gebly. Met die totstandkoming van Groter Pretoria is twee immunisasiëklinieke egter te Silverton en Pretoria-Noord onderskeidelik oorge- neem, waar klinieke eenmaal 'n week gehou word.

Die Pretoria-Noordkliniek word gehou in twee kamers wat agter die ou munisipale gebou geleë is. Reëlins word egter getref om beter geriewe by die Pretoria-Noordstadsaal beskikbaar te stel.

By Silverton word weeklikse immunisering in die ingangsportaal van die stadsaal gedoen. Hoewel dit nie 'n ideale toestand is nie, is ons van mening dat daar 'n behoefte is om die inwoners van hierdie gebied te help en dat die bywoningsyfers sal styg. Baie mense van East Lynne en Koedoespoort kom hierheen vir immunisering aangesien dit vir hulle geriefliker is as om na die sentrale kliniek in die stad te gaan.

Die stigting van meer kindersorgkliniekgeriewe vir hierdie gebiede sal in die nabye toekoms oorweeg moet word en dit sal meer personeel genoodsaak.

ALGEMEEN

'n Volledige verslag oor die ondersoek na stafilokokinfeksie, wat deur ons Gesondheidsbesoeksters tesame met die Inspekteur van Aansteeklike Siektes en sy personeel onderneem is, word elders ingesluit.

Die dienste van 'n opgeleide dieetkundige van die Departement van Landbou-tegniese Dienste is gedurende die jaar by ons Sentrale en Hercules-voorgeboortelike klinieke behou. Tyd is nodig om die resultate volledig te kan waardeer, maar ons is van mening dat onskatbare bystand deur hierdie opgeleide dieetkundige aan ons verleen is.

Die voorneme bestaan ook om hierdie diens in die loop van volgende jaar by die Danville-voorgeboortelike kliniek in te stel. Die dienste word gratis gelewer deur die Departement van Landbou-tegniese Dienste aan wie ons veel verskuldig is.

Gedurende die jaar is daar ook elke week praatjies gehou in verband met kinders wat gedragsprobleme het. Daar is geen opgeleide psigiatrisse geneeskundige beampte in ons personeel nie, maar die feit dat die moeders hul probleme kan kom bespreek is 'n baie goeie manier om hulle te help om hul moeilikhede te bowe te kom.

Die verpleegpersoneel gaan ook daarmee voort om meer tyd aan individuele moeders te verleen of by die kliniek of by tuisbesoeke.

Ondersoek na doodgeboortes en sterftes by kinders onder die ouderdom van vyf jaar gaan voort, ten einde vas te stel watter persentasie van doodgeboortes en kindersterftes voorkombaar is.

DIE STAATSKEMA VIR DIE TOEDIENING VAN AFGEROOMDE MELK:

Hierdie skema is in die gebiede Hercules, Kampong, Saulsville, Atteridgeville en Mamelodi in werking.

By al die klinieke het die totale aantal bywonings per maand vir alle praktiese doeleindes onveranderd gebly, hoewel daar soms skommelings was sedert die instelling van die skema in November 1961. Dit dui daarop dat in gevalle waar die oorspronklike ontvangers ontslaan is, hetsy omdat hulle na 'n paar maande bevredigende vooruitgang getoon het of weens ongereelde bywoning uit die skema gelaat is, hul plekke deur ander ingeneem is.

Die algemene mening van die betrokke Geneeskundige Beamptes is dat daar 'n besliste daling in die voorkoms van kwasjiorkor was. Daar is geen statistiese gegewens beskikbaar om te bewys dat dit aan die instelling van die skema toegeskryf kan word nie, maar daar bestaan geen twyfel nie dat die voorsiening van die afgeroomde melkpoeier en die onderrig wat daarmee gepaard gaan, van groot nut was by die bestryding van die siekte.

By die Saulvilleklinik het dit interessant om daarop te let dat baie moeders, wat nooit die kliniek bygewoon het nie, die verbetering in kinders van verwante of vriende, wat aan „opgeswelde voete en hande gely het” opgemerk het. Nadat hulle deur die moeders van ons pasiënte vertel is dat dit gevolg het na die inname van afgeroomde melkpoeier, het hulle nie alleen hul eie kinders na die kliniek gebring nie, maar ook die kinders van vriende wat aan ondervoeding gely het.

Op hierdie manier het dit dikwels gebeur dat babas wat by hul grootouers of ander familie op plase woon, na die Saulville kliniek gebring is. Sulke gevalle word nie deur ons as buitestedelike pasiënte gereken nie, aangesien die ouers in werklikheid inwoners van Saulville is.

Onder die Indiërgemeenskap word daar baie selde kwasjiorkor aangetref, maar ondergewig en wanvoeding onder hul babas word dikwels opgemerk. Dit is nog steeds moeilik om die Indiërmoeder op te voed aangaande die waarde en belang van afgeroomde melkpoeier in haar baba se dieet.

Daar was 'n besliste afname in die aantal gevalle van voedingsgebreksiektes in al hierdie gebiede en 'n ooreenstemmende vermindering in die aantal kinders wat in die hospitale behandel moes word.

By die Mamelodikliniek het die geneeskundige personeel geen merkbare verandering in die voorkoms van maagdermontsteking vir hierdie gebied onder diegene wat aan die skema deelneem, veral in die somermaande, waargeneem nie. By die ander klinieke egter was die afname in maagdermontsteking baie opvallend.

By die Kampongekliniek het baie min van dié wat gereeld kom aan maagdermontsteking gely, terwyl baie van die nuwe pasiënte by die kliniek aan hierdie siekte gely het.

By Atteridgeville waar ons moeilikheid gehad het met gereelde bywonings, was dit duidelik dat diegene wat gereeld kom betreklik vry van maagdermontsteking was.

By die Herculeskliniek (Blankes) het ons 'n merkwaardige afname in die voorkoms van maagdermontsteking sedert die instelling van die skema opgemerk. Ook nie net hierin nie, maar ander infeksies soos tonsillitis, oorontsteking en ander asemhalingsinfeksies, het ook, selfs gedurende die wintermaande, aansienlik afgeneem onder die ontvangers van die afgeroomde melkpoeier.

Dit skyn dus of, in gevalle waar die bywoning gereeld is en die opdrag insake die gereelde en korrekte inname van die melkpoeier nagekom word, die afname in maagdermontsteking aan hierdie skema toegeskryf kan word.

In al die gevalle was daar 'n klaarblyklieke verbetering binne twee of drie weke met 'n baie duidelike toename in gewig van 6 tot 8 onse per week. In die meeste van die gevalle is die melk na 3 maande gestaak nadat algehele vooruitgang duidelik geblyk het.

Daar is egter 'n sekere aantal vir wie dit nodig was om vir 6 tot 9 maande met die skema voort te gaan. Dit was gevalle wat weens ongereelde bywoning nie die nodige en verwagte verbetering getoon het nie.

By Hercules is daar 6 gevalle wat nog op die skema is, omdat die kinders weens uiters swak sosiaal-ekonomiese toestande onmiddellike agteruitgang toon as die melk gestaak word.

Van die totale aantal gevalle het 'n baie klein persentasie, ongeveer 2 persent, agteruitgegaan toe die skema gestaak is.

In die Nieblankegebiede was dit meestal dié gevalle wat sodra hulle beter was, na hul grootouers of familie teruggeneem is, waar die algehele dieet gebrekkig en onvoldoende was. Ons het ook terugvallings aangetref weens die feit dat terwyl die kind die melk ontvang, die onderrig aan-

gaande gesondheidsaangeleenthede en dieet wat gegee word, nagekom word, maar sodra die skema gestaak word, word al die goeie advies vergeet. Die meeste van die gevalle het egter steeds verbetering in gesondheid sowel as toename in gewig getoon nadat die skema gestaak is.

HUISBESOEKE DEUR GESONDHEIDSBESOEKSTERS. (Syfers vir 1963 tussen hakies.)

	<i>Eerste besoeke</i>	<i>Daaropvolgende besoeke</i>	<i>Getal siek kinders besoek</i>	<i>Totale getal besoeke</i>
1964	4,249 (3,879)	3,125 (4,222)	832 (1,121)	8,399 (9,322)

BESONDERHEDE VAN KLINIEKBYWONINGS. (Syfers vir 1963 tussen hakies.)

	<i>Eerste bywoning</i>		<i>Herbywoning</i>		<i>Deur geneesheer ondersoek</i>	
Sentraal (Dinsdag).....	10	(11)	717	(683)	697	(652)
Sentraal (Woensdag).....	202	(157)	1,308	(815)	—	
Sentraal (Vrydag).....	198	(151)	1,417	(866)		
Bloedstraat.....	61	(64)	1,183	(595)		
Weseinde.....	230	(155)	3,752	(1,953)	768	(553)
Proclamation Hill.....	75	(57)	924	(473)	71	(48)
Yskor.....	73	(52)	618	(483)		
Gezina.....	57	(49)	388	(400)		
Villieria (Woensdag).....	175	(143)	1,177	(1,541)	469	(445)
Villieria (Donderdag).....	119	(62)	1,112	(735)		
Wonderboomsuid.....	88	(55)	537	(407)		
Mayville.....	133	(90)	955	(583)		
Capital Park.....	82	(97)	1,040	(587)		
Hatfield.....	60	(37)	828	(504)		
Nieu-Muckleneuk.....	98	(78)	1,392	(898)		
Sunnyside (Dinsdag).....	202	(149)	2,270	(1,563)		
Sunnyside (Woensdag).....	151	(122)	2,044	(1,371)		
Riviera.....	99	(66)	1,222	(773)	92	(84)
Salvokop.....	39	(17)	740	(377)		
Danville.....	461	(98)	1,715	(1,234)	599	(477)
Weermagterrein.....	11	(4)	238	(246)		
Arcadia.....	165	(102)	1,796	(1,107)		
Tentoonstellingsterrein.....	33	(21)	512	(302)		
Hercules.....	277	(202)	3,773	(2,703)	1,376	(1,190)
Booysens.....	75	(59)	839	(553)		
Mountain View.....	160	(111)	1,846	(1,402)		
Pretoria Gardens.....	160	(94)	1,817	(1,430)		
Rietfontein-Noord.....	44	(40)	364	(310)		
Voortrekkerweg.....	58	(33)	355	(236)		
Pierneefstraat.....	74	(74)	838	(619)		
Brooklyn.....	84	(98)	1,047	(714)		

Al die bywonings was hoër as verlede jaar.

BYWONINGS VAN VOORGEBOORTELIKE KLINIEKE:

(Syfers vir 1963 tussen hakies.)

	<i>Sentraal</i>	<i>Danville</i>	<i>Hercules</i>	<i>Totaal</i>
Getal nuwe gevalle.....	149 (241)	66 (63)	114 (143)	329 (447)
Totale bywonings.....	817 (1,184)	566 (436)	826 (1,034)	2,209 (2,654)

TANDKLINIEK.

(Syfer vir 1963 tussen hakies.)

Getal gevalle wat die Tandkliniek bygewoon het..... 21 (26)

IMMUNISERINGSKLINIEK:

(Syfers vir 1963 tussen hakies.)

Getal gevalle ten volle teen difterie geïmmuniseer.....	3,060 (2,899)
Getal gevalle ten volle teen kinkhoes geïmmuniseer.....	2,793 (2,289)

POLIOMIELITIS:

Besonderhede oor die immunisering teen poliomiëlitis verskyn elders in hierdie verslag.

KRAAMTOESIG-:

(Syfers vir 1963 tussen hakies.)

Getal kraamtasse geïnspekteer.....	123	(122)
Getal besoeke aan vroedvroue.....	95	(68)
Getal besoeke aan vroedvrougevalle.....	4	(4)
Getal besoeke aan kraaminrigtings.....	80	(68)

Die toesig oor vroedvroue word deur die Inspektrise van Vroedvroue waargeneem vir Blankes sowel as Nieblankes.

TEHUISE VIR BEJAARDES.

(Syfers vir 1963 tussen hakies.)

Getal tehuise vir bejaardes.....	25	(10)
Getal besoeke aan tehuise vir bejaardes.....	45	(46)

Soos in die verlede het ons hierdie jaar weer ondervind dat dié inrigtings wat deur liefdadigheidsorganisasies bestuur word, bevredigend is en dat ons in sulke gevalle uitstekende samewerking tussen die betrokke mense en hierdie afdeling bewerkstellig het. Soos verlede jaar berig is, verg die gebrek aan toereikende wetgewing om die talryke tehuise in private besit te beheer, besliste aandag en ondersoek. Inspeksies van hierdie tehuise word deur die Inspektrise van Vroedvroue in samewerking met die Gesondheidsinspeksiepersoneel onderneem.

As die wetgewing afgekondig word, sou dit van groot belang wees om nie slegs die liggaamlike versorging van bejaardes nie, maar ook die geestelike sorg in oorweging te neem.

KLEUTERSKOLE:

Vier kleuterskole is gereeld besoek en die kinders is medies ondersoek deur 'n Geneeskundige Beampte en 'n Gesondheidsbesoekster.

STATISTIEKE TEN OPSIGTE VAN NIEBLANKES:

Kliniekdienste vir Nieblankes word te Atteridgeville, Kampong, Saulsville en Mamelodi voorsien.

Onderhandelings vir die instelling van kliniekdienste te Eersterust en Laudium het sover gevorder dat hierdie dienste vroeg in volgende jaar ingestel sal word.

Daar word voortgegaan met stafilokokinfeksie-onderseke onder Nieblankes en dit word op dieselfde manier onderneem as in die geval van die Blanke bevolking. Verslag hieroor sal onder die hoof „Aansteeklike Siektes” aangetref word.

Net soos verlede jaar berig is, is dit nog baie moeilik om die doodgeboortes en sterfgevallen onder kinders wat jonger as 5 jaar is, te ondersoek. Baie doodgeboortes en sterftes word lank na dit gebeur het, onder ons aandag gebring en in talryke gevalle kan die gesin nie opgespoor word om besonderhede te verkry nie. 'n Ander faktor wat moeilikheid veroorsaak, is dat die oorsaak van die dood in baie gevalle op die sterftesertifikaat as „natuurlike oorsake” aangegee word. Dit is natuurlik heeltemal ontoereikend vir ondersoekdoeleindes.

HUISBESOEKE:

(Syfers vir 1963 tussen hakies.)

	Bantoes		Kampong Asiate		Kleurlinge		Atteridgeville Bantoes		Saulsville Bantoes		Mamelodi Bantoes	
Eerste besoeke aan pasgeborenes.....	5	(1)	115	(141)	96	(66)	1,022	(977)	1,029	(857)	1,563	(2,016)
Daaropvolgende besoeke.	3	(—)	676	(876)	734	(663)	4,219	(3,270)	417	(772)	575	(511)
Besoeke aan siek kinders.	—	(—)	89	(89)	21	(18)	—	(2)	12	(10)	2	(—)
Getal siek kinders besoek.	—	(—)	148	(95)	—	(18)	—	(1)	—	(7)	—	(1)

BYWONING VAN KINDERSORGKLINIEKE:

(Syfers vir 1963 tussen hakies.)

	Bantoes		Kampong Asiate		Kleurlinge		Atteridgeville Bantoes		Saulsville Bantoes		Mamelodi Bantoes	
Eerste bywonings.....	284	(309)	309	(191)	143	(97)	2,310	(1,131)	4,009	(2,101)	2,504	(2,766)
Herhaalde bywonings....	1,804	(211)	2,075	(2,898)	2,474	(2,209)	40,422	(17,757)	43,404	(24,002)	31,879	(27,671)
Deur geneesheer ondersoek.....	713	(760)	830	(1,174)	736	(685)	15,917	(7,581)	15,585	(8,683)	10,274	(8,945)

By die Kampongkliniek het die syfers ten spyte van die verskuiwing van die bevolking min of meer dieselfde gebly vir Asiate en Kleurlinge.

Die syfers vir Bantoes hier, is hoofsaaklik vir buitestedelike bywonings.

By Atteridgeville en Saulsville het die bywoningsyfer gedurende die afgelope jaar min of meer verdubbel.

VOORGEBOORTELIKE KLINIEKE:

(Syfers vir 1963 tussen hakies.)

	Bantoes	Kampong Kleurlinge en Asiate	Atteridgeville Bantoes	Saulsville Bantoes	Mamelodi Bantoes	
Getal nuwe gevalle wat hul by kliniek aangemeld het.....	835	(771)	248 (237)	1,231 (1,080)	1,968 (1,590)	1,736 (1,710)
Getal bywonings.....	3,990	(2,609)	2,032 (1,740)	8,223 (7,460)	10,722 (8,076)	9,631 (9,000)

BEVALLINGS DEUR VROEDVROUE WAARGENEEM:

(Syfers ir 1963 tussen hakies.)

Atteridgeville

Saulsville

Mamelodi

Daar is 'n algemene toename. By Saulsville het die syfers byna verdubbel volgende op die aanstelling van nog 3 vroedvroue.

IMMUNISERING:

(Syfers vir 1963 tussen hakies.)

Getal gevalle teen difterie geïmmuniseer.....	2,697	(2,652)
Getal gevalle teen kinkhoes geïmmuniseer.....	2,306	(2,342)

Geen verandering word in hierdie syfers weerspieël nie.

PRETORIASE KLEUTERSKOLE.

Die Afdeling is bewus van 21 kleuterskole wat vir 1,348 kinders in Pretoria sorg. Dit is moontlik dat daar 'n paar meer mag wees.

By sommige van die kleuterskole word die kinders van tyd tot tyd deur 'n Geneeskundige Beampte van die Afdeling ondersoek. By ander is dit die Gesondheidsbesoeksters wat van tyd tot tyd ondersoek doen. Hulle bespreek voedingstabelle, gaan die immunisering van die kinders na en bespreek enige probleme wat mag ontstaan. Indien nodig word 'n Geneeskundige Beampte ingeroep.

Gereelde inspeksies van persele word deur 'n Geneeskundige Beampte en die Gesondheidsinspekteurs onderneem.

Die Afdeling gaan voort met sy pogings om alle kleuterskole te laat voldoen aan die vereiste standaarde.

Die meeste van die skole was bereid om saam te werk. Die Afdeling het ook in noue samewerking met die Departement van Volkswelsyn opgetree.

Neëntien van die skole ontvang munisipale toekennings.

Dit verheug my om te kan berig dat die kleuterskoolbeweging steeds uitbrei in Pretoria. Daar is 'n behoefte aan nog veel meer skole. Dit is duidelik uit die feit dat die meeste skole lang waglyste het.

Daar word vertrou dat die hele kwessie van die verantwoordelikheid vir kleuterskole binnekort vasgestel sal word, aangesien daar geen twyfel bestaan oor die behoefte daaraan nie.

Hoofstuk VI

PRETORIASE TANDKLINIEKE

Die Pretoriase Tandkliniek word bestuur deur 'n Beheerraad bestaande uit verteenwoordigers van die Stadsraad, die Transvaalse Provinsiale Administrasie, die Noord-Transvaalse tak van die Tandheelkundige Vereniging van Suid-Afrika en die Staatsdepartement van Gesondheid.

In die jaarverslag van die Pretoriase Tandkliniek vir die jaar 1 April 1963 tot 31 Maart 1964 is die volgende opmerkings gemaak:—

1. Die kliniese behandeling is van uitstekende standaard beide wat gehalte en hoeveelheid betref.
2. Geen voorbehoedmaatreëls word onderneem nie, met die moontlike uitsondering van skool-inspeksies.
3. Skoolinspeksies het aangetoon dat daar 'n hoë voorkoms van tandbederf was. Bowendien was daar tekens van ernstige nalatigheid in skole wat die laer ekonomiese groepe dien.
4. Bywonings van blankes, behalwe skoolkinders, is onbeduidend.
5. Die tandheelkundige mannekrag is baie laag, gemiddeld slegs 5.8 per sessie, met inbegrip van die Superintendent en die Ortodontis.

Hoofstuk VII

GENEESKUNDIGE ONDERSOEKE

'n Totaal van 1,514 sulke geneeskundige ondersoeke is deur Geneeskundige Beamptes in die Gesondheidsafdeling uitgevoer. Hierdie syfer omvat die geneeskundige ondersoeke van persone wat tot die munisipale diens toegetree het en spesiale geneeskundige ondersoeke kragtens die Ongevallewet of vir Pensioenfonds- of ander doeleindes.

Hoofstuk VIII

PRETORIASE SLAGPLAAS

JAARVERSLAG VIR DIE JAAR GEËINDIG 31 DESEMBER 1964.

Die personeelstaat by die Slagplaas is soos volg:—

Bestuurder: Dr. W. J. Wheeler.
 Hoofklerk: Mnr. A. G. B. Pattison.
 Tikster: Mej. J. H. J. Meyer.
 Toesighoudende Vleisinspekteur: Mnr. T. J. v/d Heever.
 Senior Vleisinspekteur: Mnr. E. A. K. Hugo.
 Vleisinspekteurs: Sewe.
 Superintendent, Neweprodukte en Verkoelingsinstallasie: Mnr. B. de Lange.
 Monteur-draaibankwerker: Een.
 Werkwinkel-assistent: Een.
 Senior masjien- en stoomketelbedieners: Vier.
 Masjien- en stoomketelbedieners: Drie.
 Werfvoorman: Een.
 Werkplaas-assistente: Twee.
 Skoonmaker/Nasieners: Drie.
 Skoonmakers: Drie.
 TOTAAL: Blankes: 31.
 Nieblankes: 47.

Ongelukkig was dit moeilik om vakante betrekkings vir vleisinspekteurs te vul sodat daar in aansienlike mate van die dienste van Distriksinspekteurs gebruik gemaak moes word om hierdie noodsaaklike diens in stand te hou.

VEEVOORRADE

As gevolg van die voortdurende droogte veral in die hooftoevoergebied van Noord-Transvaal, het vee-agente dit moeilik gevind om die nodige slagvee vir Pretoria te kry. Hoewel die toevoer soms wisselvallig was, is daar genoegsame vee aan die Slagplaas gelewer. Die toestand van die vee was egter oor die algemeen baie swak en wat nog meer onrusbarend was, was die feit dat so baie jong vee en aanteelvee as noodmaatreël geslag moes word. In die toevoergebied vir Pretoria is vee baie skaars en genoegsame voorrade goeie slagvee sal moeilik bekombaar wees vir die volgende paar jaar.

Hoewel die aantal vee wat geslag is toegeneem het in vergelyking met verlede jaar se syfers, was die gewig van die diere so laag dat die slagtempo versnel moes word om aan die aanvraag te voldoen. Daar moes oortyd gewerk word en die gehalte van die bewerking het onder die druk gely.

Die prys van beesvleis, veral dié van die hoër grade, het gestyg, veral toe die voorraad beeste by die Johannesburgslagplaas onvoldoende was.

Gelukkig was daar genoeg skape beskikbaar en die tekort aan goeie beesvleis kon in sekere mate uit hierdie bron aangevul word. Ongelukkig was die geriewe vir skaapslag so beperk dat daar nie volle voordeel uit die aanbod getrek kon word nie.

Daar is so baie varke aangebied dat daar soms onvoldoende lêplek vir hulle beskikbaar was. Diere van 'n swak gehalte het die mark oorstroom en hoë pryse is verkry.

In vergelyking met die vorige jaar is die aantal pluimvee wat geslag is, verdubbel, hoofsaaklik as gevolg van die hoër pryse wat verkry is. Pluimvee het natuurlik ook die tekort aan beesvleis aangevul.

Met sekere vakansietydperke is die pluimveeslagplaas weer oorlaai en dit het oortydwerk genoodsaak.

Die slagting van ekwines na normale werksure word nog onderneem en daar was gedurende die jaar 'n toename in die getalle wat geslag is. Die meeste van hierdie vleis word aan die dieretuin en aan private eienaars van troeteldiere verskaf.

NUWE SLAGPLAAS

Die verslag van die Kommissie van Ondersoek insake Slagplaas- en Verwante Geriewe is vroeg in die jaar ingedien. Die verslag het nie alleen die treurige toestand van die Pretoriase Slagplaas nie maar ook dié van meeste slagplase deur die land benadruk. Die noodsaaklikheid van 'n nuwe slagplaas om die Pretoriagebied te dien is beklemtoon. In die verslag is ook voorgestel dat die slagnywerheid vir private ondernemings oopgestel moet word. As gevolg hiervan het die Stadsraad, die Vleisbeheerraad en die Departement van Ekonomie en Markte meegedeel dat hy nie meer daarin belangstel om 'n nuwe Slagplaas te bou nie.

Omdat die Vleisbeheerraad egter besef het dat 'n aantal jare sou verloop voordat enigeen 'n slagplaas kon oprig, het hy die Stadsraad genader met die oog daarop om sodanige verbeterings by die huidige Slagplaas aan te bring dat daar in die behoeftes van Pretoria vir die volgende 10 jaar voorsien kon word.

Daar is bevind dat om sodanige verbeterings aan te bring ongeveer R600,000 sou kos en hierdie bedrag het die Raad as oormatig beskou.

Toe het die Vleisbeheerraad gevra dat slegs sekere veranderings aangebring word wat ongeveer R200,000 sou kos en wat Pretoria vir die volgende 5 jaar sou kan dien.

Die Stadsraad het tot hierdie versoek ingestem op voorwaarde eerstens dat die gelde aldus aangepas word dat die koste oor vyf jaar bestry word en tweedens dat die betrokke Minister gevra word om te sorg dat een of ander onderneming onmiddellik met die oprigting van die nuwe slagplaas begin.

Met die oog op die tweede voorwaarde is daar gereël dat sekere Raadslede, tesame met die Slagplaasbestuurder, en die Vleisbeheerraad 'n onderhoud met die Minister van Landbou-ekonomie en -bemarking vroeg in 1965 voer.

VERBETERINGS AAN SLAGPLAAS:

Die aangevraagde verbeterings wat, na gehoop word, gedurende 1965 onderneem sal word, beoog die volgende: Eerstens om die gelyktydige slagting van skape en beeste moontlik te maak, tweedens om meer hangruimte vir verkope te verskaf, derdens om verslete masjinerie in die nuwe-produkte- en verkoelingseksies te vervang, vierdens om meer kleedkamergeriewe te verskaf en vyfdeens meer veeskure.

Daar moet beklemtoon word dat die algemene higiëniese toestande geensins deur hierdie veranderings verbeter sal word nie en dat die onbevredigende toestand sal voortbestaan.

NEWEPRODUKTE

Ten spyte van 'n toename in die slagting het die tonnemaat van karkasmeel en vet gedaal weens minder afkeurings en die swak gehalte van die vee.

Verhoogde pryse is weer verkry, maar produkte van 'n hoër standaard sou ons inkomste aansienlik laat styg het. Met die oog op die huidige toestand van die fabriek is daar egter weinig hoop op enige verbetering.

Die vervanging van sommige masjiene, soos beoog word, behoort darem die proses ietwat te versnel.

SIEKTES AANGETREF:

By *vee* was die hooforsaak van afkeuring nog masels (sistiserkose), hoewel die voorkoms laer was as gedurende verlede jaar. Dit kan waarskynlik toegeskryf word aan die betreklike hoër aantal jong vee wat ontvang is.

Dit is verblydend om op te merk dat boere-organisasies in sommige dele van die land met 'n veldtog om hierdie siekte uit te roei, begin het. Deur middel van nuwer geneesmiddels behandel hulle arbeiders wat met lintwurm besmet is en hulle probeer ook om ander gesondheidsmaatreëls na te kom.

Daar is gedurende die jaar bevind dat kneusing in baie besendings van swak vee wat lang afstande per spoor moes aflê, in hoë mate voorgekom het.

Vee met horings word nog te dikwels aangetref en is die oorsaak van baie kneusing, gangreen en emfiseem wat gedurende inspeksie opgemerk word.

Sporadiese gevalle van Besnoitiose (olifanthuidsiekte) is nog aangetref, maar die meeste daarvan was nog in die vroeë stadium.

'n Siekte wat skynbaar aan die toeneem is, is Sarkosporidiose wat deur 'n parasiet veroorsaak word, waaromtrent daar nog nie veel bekend is nie. Hoewel dit nie vir die mens nadelig is nie, maak swaar besmetting van beesvleis met dié blase die vleis oneetbaar.

Talryke beeslewers word nog afgekeur weens besmetting met lewerbot, terwyl by skape hierdie parasiet deur die lintwurm *Stilesia hepatica* vervang word. Gelukkig is geeneen van die gevaarlike siektes bv. antraks, hondsdolheid of bek-en-klouseer aangetref nie. Tuberkulose het slegs sporadies voorgekom.

By *skape* is die meeste afkeurings die gevolg van vervoersiekte en hulle is geslag in 'n poging om die karkasse te red. Hierdie toestand word veroorsaak deur die spanning van lang spoorreise na Pretoria, asook deur die beknopte toestande in die krale.

Kaasagtige limfklierontsteking was nog die oorsaak van die tweede hoogste aantal afkeurings. Dit is nog hoofsaaklik by merino's aangetref as gevolg van infeksie na skeerwonde.

Varke is hoofsaaklik weens masels afgekeur en hier was die voorkoms hoër as verlede jaar, hoofsaaklik as gevolg van die instroming van groot getalle varke wat deur Bantoes gestuur is.

Tuberkulose is ook hoofsaaklik by varke van Bantoes aangetref, maar gelukkig is die meeste letsels beperk tot die limfkliere van die kop.

By *pluimvee* was die vernaamste siektes wat aangetref is, kwaadaardige gewasse en peritonitis.

KOELKAMERGERIEWE:

Hierdie geriewe is nog ontoereikend en sal nie ingevolge die nuwe skema vir verbeterings aan die slagplaas uitgebrei word nie.

Behandeling van maselagtige karkasse buite die grense van die slagplaas sal dus toeneem en sal nog groter beheer deur ons personeel genoodsaak.

ALGEMEEN:

Lesings is weer aan twee groepe van vleisinspeksiestudente gegee. Mediese en ander studente-groepe is deur die slagplaas begelei.

Spesiale ondersoeke van sekere karkasse namens sekere staatsinrigtings word nog onderneem terwyl monsters nog vir hierdie inrigtings versamel word.

Die gevolge van die aanbevelings van bogenoemde Kommissie van Onderzoek word nog deur die Minister bestudeer.

Na alle waarskynlikheid sal die Pretoriase Munisipaliteit hom egter onttrek van die slagplaas-besigheid, maar sal die gesondheidsbeheer behou van slagplase waarby die munisipaliteit betrokke is.

Die Kommissie beveel aan dat die beherende wetgewing van hierdie aspek na die Veeartseny-kundige Afdeling oorgeplaas word.

Of hulle die huidige reëling met munisipaliteite sal verander, moet nog gesien word.

JAARVERSLAG VIR DIE TYDPERK 1 JANUARIE TOT 31 DESEMBER 1964.

	Diere geslag		
	1962	1963	1964
Bulle.....	1,324	1,633	1,916
Koeie.....	20,252	33,083	33,144
Osse.....	67,921	63,210	68,762
Totaal beeste.....	<u>89,497</u>	<u>97,926</u>	<u>103,822</u>
Kalwers.....	5,770	5,513	5,872
Skape.....	221,760	217,686	240,104
Bokke.....	675	614	1,401
Varke.....	33,731	37,198	41,794
Totaal.....	<u>351,433</u>	<u>358,937</u>	<u>392,993</u>

TOENAME VAN 41,560 DIERE SEDERT 1962.
(VYF JAAR) TOENAME VAN 111,615 DIERE
SEDERT 1959.

EKWINES

	1963	1964
Donkies.....	92	226
Perde.....	807	1,063
Muile.....	18	10
	<u>917</u>	<u>1,299</u>

PLUIMVEE

	1963	1964
Hoenders.....	21,406	48,797
Eende.....	3,455	2,650
Duiwe.....	—	79
Kalkoene.....	1,503	2,248
Ganse.....	155	67
Kuikens.....	765	829
Konyne.....	44	49
	<u>27,328</u>	<u>54,719</u>

AFGEKEURDE BEES-, SKAAP-, VARK-, EN KALFKARKASSE EN -ORGANE.

	Beeste	Kalwers	Skape en bokke	Varke
Karkasse.....	2,052	809	303	1,658
Koppe.....	1,152	—	—	89
Harte.....	858	—	—	—
Binnegoed.....	1,387	—	160,088	1,399
Niere.....	2,220	—	—	—
Lewers.....	15,922	—	95,124	2,200
Longe.....	8,269	—	3,563	14
Hartslag.....	1,981	—	18,954	1,366
Kwarte.....	192	—	232	43
Milte.....	1,386	—	—	—
Sterte.....	781	—	—	—
Tonge.....	1,149	—	—	—
Afval.....	1,393	—	36	—
Uiers.....	10,575	—	—	—
Ingewande.....	2,376	—	—	1

TOTALE AFKEURINGS

	1963	1964
Beeste.....	2.609%	1.976%
Skape en bokke.....	.105%	0.125%
Kalwers.....	22.148%	13.777%
Varke.....	3.737%	3.967%

SISTISERKOSE (MASELS)

1963

	Totaal aangetas	Totaal afgekeur	Totaal in koel- kamer behandel
Beeste.....	10,070 of 10.283%	1,916 of 1.957%	8,154 of 8.342%
Varke.....	1,330 of 3.575%	1,225 of 3.293%	105 of 0.283%

1964

Beeste.....	9,010 of 8.678%	1,587 of 1.528%	7,423 of 7.149%
Varke.....	1,698 of 4.062%	1,521 of 3.639%	177 of 0.4235%

ORGANE VAN KARKASSE WAT MET SISTISERKOSE BESMET WAS EN IN MUNISI- PALE SLAGPLAASKOELKAMER BEHANDEL IS

Harte	Lewers	Sterte	Tonge	Koppe
7,152	5,227	7,133	7,117	7,061

VOORKOMS VAN TUBERKULOSE

1963

	Getal aangetas	Getal algemeen	Getal gelokaliseer
Beeste.....	122 of 0.126%	19 of 0.019%	103 of 0.105%
Varke.....	119 of 0.320%	46 of 0.124%	73 of 0.196%

1964

	Getal aangetas	Getal algemeen	Getal gelokaliseer
Beeste.....	32 of 0.0308%	19 of 0.0183%	13 of 0.0125%
Varke.....	132 of 0.315%	51 of 0.122%	81 of 0.193%

INGEVOERDE VLEIS WAT IN KOELKAS BY MUNISIPALE SLAGPLAAS BEHANDEL IS

10 Beeskarkasse
 2 Harte.
 2 Tonge.
 1 Stert.
 2 Lewers.

INGEVOERDE VLEIS WAT IN ANDER KOELKAMERS AS MUNISIPALE SLAG- PLAAS BEHANDEL IS. (MASELS)

215 Beeskarkasse. nul varkkarkasse.
 215 Harte.
 215 Tonge.
 215 Lewers.
 215 Sterte.

TOTALE AANTAL MASELAGTIGE KARKASSE EN ORGANE WAT IN ANDER KOEL- KAMERS AS MUNISIPALE SLAGPLAAS BEHANDEL IS.

3,853 Beeskarkasse. nul Varkkarkasse.
 2,408 Tonge.

TOTALE AANTAL MASELAGTIGE KARKASSE WAT IN KOELKAMERS BY DIE MUNISIPALE SLAGPLAAS BEHANDEL IS

3,529 Beeskarkasse.
 175 Varkkarkasse.

INSPEKSIES BY KOELKAMERS (MASELAGTIGE KARKASSE.)

Inspeksies uitgevoer.....	576
Oortredings waarmee gehandel is.....	26
Kennisgewings beteken.....	23

TOTALE GETAL BLOEDSMERE WAT ONDERSOEK IS.

Totale getal diere wat in trokke en krale gevrek het.....	241
Totale getal diere wat van buite gebring is om vernietig te word..	geen
TOTAAL.....	<u>241</u>

Getal bloedsmere wat ondersoek is:—

Beeste.....	29
Skape.....	186
Bokke.....	1
Varke.....	25
	<u>241</u>

EKWINES AFGEKEUR: Geen

GESLAGTE EKWINES

<i>Donkies</i>	<i>Muile</i>	<i>Perde</i>
226	10	1,063

AFGEKEURDE PLUIMVEE

<i>Hoenders</i>	<i>Eende</i>	<i>Kalkoene</i>
173	5	3

SIEKTES WAARVOOR PLUIMVEE AFGEKEUR IS

	<i>Hoenders</i>	<i>Eende</i>	<i>Kalkoene</i>
Peritonitis.....	4	2	—
Gangreen.....	5	—	—
Kwaadaardige gewasse.....	33	—	3
Absesse.....	1	—	—
Karsinoom.....	1	—	—
Vermaering en longontsteking.....	2	—	—
Vermaering.....	3	—	—
Nuwe groeisels.....	12	—	—
Defektiewe bloeding.....	14	—	—
Dood in hokke.....	98	3	—
	<u>173</u>	<u>5</u>	<u>3</u>
Totale aantal afgekeur.....			

VERKOOPT NIEUWPRODUKTE VIR DIE JAAR GEËINDIG 31/12/1964

	<i>Ton</i>	<i>Lb.</i>
Karkasmeel.....	508	1,150
Bloedmeel.....	396	675
Vere.....	—	1,033
Varkhare.....	—	11,239
Vet.....	195	1,431½

SIEKTES ENS. WAARVOOR KARKASSE ENS. AFGEKEUR IS

[illegible]

Hoofstuk IX

OPGAWE VAN GESONDHEIDSINSPEKTEURS SE WERK

Op 31 Desember 1964 was die personeelsterkte van die Gesondheidsinspekteurs soos volg:—

Hoofgesondheidsinspekteur.....	1
Assistent-hoofgesondheidsinspekteurs.....	2
Toesighoudende Gesondheidsinspekteurs.....	6
Senior Gesondheidsinspekteurs en Gesondheidsinspekteurs (aaneenlopende graad).....	37
Leerling-gesondheidsinspekteurs.....	1
Nieblankegesondheidsinspekteurs.....	6
	53

Bowendien is daar:

Knaagdier- en muskietuitroeiers.....	5
Bantoe-arbeiders.....	27
TOTAAL.....	85

Met die totstandkoming van Groter Pretoria op 1 Julie 1964 is daar een (1) Gesondheidsinspekteur van Silverton, een (1) van Pretoria-Noord en vyf (5) van die Gesondheidsraad vir Buitestedelike Gebiede in bogenoemde personeelsterkte opgeneem. Twee Bantoe-arbeiders van die Gesondheidsraad vir Buitestedelike Gebiede is ook opgeneem.

Die stigting van Groter Pretoria op 1 Julie 1964 het meegebring dat die dorpe Pretoria-Noord en Silverton asook meer as vyftig dorpsgebiede, landboukleinhoewes en plase op die vorige Pretoriagrens, wat vroeër onder die regsgebied van die Gesondheidsraad vir Buitestedelike Gebiede geressorteer het, by die Pretoriase munisipale gebied ingelyf is. Hierdie inlywing het die stadsoppervlakte van sowat 73 vierkante myl na ongeveer 220 vierkante myl vergroot en het gepaard gegaan met 'n aantal probleme aangaande die higiëniese omstandighede van die omgewing, veral met betrekking tot die aanhou van diere, boerderybedrywighede, die beskikking oor afval veral op private persele in gebiede wat nog nie van riolering voorsien is nie, sekere onbevredigende behuisingstoestande en hoogs onhigiëniese toestande in die gebiede Eastwood en Highlands wat deur Nieblankes bewoon word.

Daarteenoor is daar 'n aantal baie mooi woongebiede in die oostelike voorstede ingelyf, sommige waarvan nog in die ontwikkelings stadium is. Wanneer hierdie gebiede uiteindelik onder die stad se rioleringskema val, sal hulle heeltemal modern wees en sal hulle oor elke moderne gerief beskik.

'n Groot deel van die ingelyfde gebied is landelik van aard en die talryke erwe wissel in grootte van 'n paar morg in die geval van landboukleinhoewes tot groot plase, almal in verskillende stadiums van ontwikkeling. Baie van die eienaars hou diere en pluimvee van verskillende soorte in kleiner of groter getalle of vir huishoudelike doeleindes of vir gewin aan. 'n Aantal van hierdie landbouhoewes grens aan pasgestigte residensiële dorpsgebiede en hierdie soort ontwikkeling sal waarskynlik voortduur solank nuwe dorpe gestig word. Omdat baie van die kleinboere min geld het sal die verbeterings oor die algemeen noodwendig stadig geskied. Die Afdeling sal geduld moet beoefen terwyl gesondheidsoorlaste terselfdertyd uitgeskakel en verhoed moet word. Daar sal baie kans wees vir die ontwikkeling van onderlinge verstandhouding en gesondheidsonderrig, met inagneming van enige regte wat die eiendom mag besit.

Geen besondere groot nywerheidsgebied is ingelyf nie. Die betreklik klein nywerheidsgebied in Silverton is aan die westelike oewer van die Morelettaspruit wat baie jare reeds erg besoedel word deur afloopwater van die looiery, die gelatinefabriek en van die Silvertonse nagvuilbeskikkingsdepot. Onmiddellik na inlywing het die Stadsraad van Pretoria die nagvuildepot gesluit en aldus is 'n ernstige oorlas uit die weg geruim. Die beskikking van afloopwater van voorgenoemde fabriek met besondere verwysing na die looiery geniet 'n geruime tyd reeds die aandag van die Stadsingenieursafdeling, die Gesondheidsafdeling, die Wetenskaplike en Nywerheidsnavorsingsraad en die Fabrieksbestuur en 'n skema vir die neerslag en verdamping van die afloopwater is aan die gang.

Die standaard van omgewingshigiëne het bevredigend gebly ten spyte van uiters vinnige uitbreiding op nywerheids-, handels-, woon- en opvoedkundige gebied in die stad gedurende onlangse jare. Die opruiming van slums het op bevredigende wyse gevorder en die bewoning van ongeskikte buitegeboue is tot 'n minimum beperk.

Noukeurige aandag is bestee aan die higiëniese hantering, voorbereiding en verspreiding van voedselware en die higiëniese toestand van die persele en voertuie wat in die voedselhandel gebruik word. Monsters van alle watervoorrade en verskillende voedselsoorte is gereeld geneem en behoorlike stappe is gedoen wanneer daar nie aan die vereistes voldoen is nie.

Gedurende die jaar is daar roetine-inspeksies van alle soorte persele uitgevoer, met inbegrip van dié ten opsigte waarvan verskillende lisensies aangevra is. Die standarde, wat vereis is, was gewoonlik hoog en in baie gevalle het aanvraers hulp en raad gevra in die beplanning stadium van nuwe ondernemings. Hierdie soort samewerking is aan die toeneem tot voordeel van beide die aanvrager en die Afdeling. Voorgestelde planne moes dikwels ingrypend verander word, hoofsaaklik omdat ons vereistes, wat die tipe uitrusting en aanleg betref, nie andersins nagekom kon word nie. Bowendien is onooglike knaagdierwering op hierdie manier maklik uit die weg geruim.

Gedurende die jaar het die stad betreklik vry van enige grootskaalse insekbesmetting gebly. Daar is af en toe klagtes ontvang oor vlieë, muskiete en kakkerlakke. Onmiddellike ondersoek en, waar nodig, uitgebreide opnames het die broeiplekke aan die lig gebring.

Die riolering van die Herculesgebied het vinnig gevorder en wanneer dit voltooi is sal baie van die huidige probleme in verband met grondbesoedeling en afvalwaterbeskikking opgelos wees. Dit sal ongetwyfeld die gesondheid en algemene toestand van die gebied verbeter.

Uitstekende vordering is gemaak met die hervestiging van Bantoes uit die Lady Selbornegebied en gedeeltes van Claremont en met die sloping van die slumeiendomme sodra hulle in hierdie gebiede ontruim is. Dieselfde kan egter nie van die Asiate buurt en die Kleurlinglokasie vermeld word nie en hulle kan slegs as oorbewoonde en oorvolle slums beskryf word. Persone van die Indiër- en Kleurlinggemeenskap is onderskeidelik in die Laudium- en Eersterustdorp hervestig, maar dit het min uitwerking gehad op toestande in die Asiatebuurt en Kleurlinglokasie. Die inwoners moet elders gehuisves word en die gebiede moet opgeruim en herontwikkel word as 'n aangeleentheid wat, uit 'n gesondheidsoogpunt beskou, dringend is.

Die Bantoedorpe Mamelodi en Mamelodi-Oos het die emmerdiens en die paar suigtenk-dienste wat daar bestaan, heeltemal ontgroeï. Die riolering van die dorpe in die geheel is egter volledig beplan en daar is begin met die bou van die rioolwateropruimingswerke.

OPSOMMING VAN INSPEKSIES DEUR GESONDHEIDSINSPEKTORAAT.

Hier volg 'n opsomming van die inspeksies deur die Distriksgesondheidsinspekteurs in die Slum- en Behuising-, Aansteeklike Siekte-, Voedsel-, Plagbeheer- en Nieblankegebiedseksies gedurende die jaar. (Syfers vir vorige jaar tussen hakies).

Totale getal inspeksies (met uitsondering van melkery).	122,421	(112,728)
Oorlaste waarmee gehandel is.....	35,298	(35,285)
Oorlaste verwyder.....	34,214	(30,665)
Klagtes waarmee gehandel is.....	5,522	(3,583)
Lisensie-aansoeke waarmee gehandel is.....	5,507	(5,245)
Monsters geneem van water (bakteriologies en skei- kundig).....	353	(420)
Monsters geneem van eetware (melk uitgesluit).....	551	(629)
Navraagbesoeke insake aansteeklike siektes.....	4,206	(3,319)

AANGELEENTHEDE NA ANDER AFDELINGS OF AFDELINGSHOOFDE VERWYS:

Stadsingenieur.....	433
Lisensiehoof.....	56
Afdeling Nieblankesake.....	325
Direkteur van Parke en Ontspanning.....	52
Verkeershoof.....	5
Stadelektrisiteitsingenieur.....	38
Hoofbehuisingsbestuurder.....	45
Brandweerhoof.....	3
Direkteur van Stadsbeplanning en Argitektuur.....	24

VERVOLGINGS:

Hier volg 'n ontleding van die vervolgings wat die Afdeling gedurende 1964 ingestel het en die resultate daarvan:—

Aard van oortreding	Totale getal ver- volgings	Getal skuldig bevind	Getal onskuldig bevind	Getal terug- getrek	Boetes
Bakkerijprodukte wat nie gedurende aflewering toegehou word nie.....	10	9	—	1	R18.00
Versuim om te voldoen aan kennisgewing.....	25	19	1	5	R66.00
Oorbewoning van perseel.....	2	2	—	—	Gewaarsku R30.00
Versuim om perseel in goeie orde te hou (Slums).	2	1	—	1	R10.00
Versuim om behoorlike bouerslatrines te verskaf.	26	21	—	5	R182.00
Blootstelling van voedselware aan besoedeling....	1	1	—	—	R10.00
Versuim om inligting aan Gesondheidsinspek- teur te verstrek.....	2	1	1	—	Gewaarsku
Oormatige preserveermiddel in vleis.....	2	2	—	—	R4.00
Water by melk gevoeg.....	19	18	1	—	R430.00
Bewoning van buitegeboue.....	1	1	—	—	Gewaarsku
Versuim om naam en adres op bakkerijwa te skryf	1	1	—	—	R4.00
Ongesonde vleis op hotelperseel gehou.....	1	1	—	—	R10.00
Knaagdierbesmetting.....	1	1	—	—	R4.00
Uitstalling van ongesonde voedselware vir ver- koop.....	1	1	—	—	R6.00
TOTAAL.....	94	79	3	12	R774.00

VERVOLGINGS TERUGGETREK:

- 2 Getuienis van ontvangs van kennisgewing kon nie bewys word nie
- 1 Kennisgewing is nagekom en die perseel is verkoop.
- 1 Beskuldigde het aan die vereistes voldoen voordat die dagvaarding uitgereik is.
- 1 Die betrokke firma het die nodige toerusting vir die behoorlike aflewering van brood verskaf en die bediende is behoorlik aangekla en skuldig bevind.
- 1 Teruggetrek deur die munisipale vervolger omdat die beskuldigde ontken het dat hy die boukontrakteur was. 'n Nuwe dagvaarding is teen 'n maatskappy uitgereik.
- 1 Teruggetrek weens die dood van die Gesondheidsinspekteur.
- 3 Dit kon nie bewys word dat die beskuldigdes dié persone was wat op voordelige gebruik van die grond geregtig was nie.
- 1 Fout in dagvaarding.
- 1 Beskuldigde het bewys gelewer dat hy reëlings getref het om die latrines in die buurt te gebruik en aldus is die oorlas weggeruim.

Gelisensieerde persele.

Hier volg 'n lys van persele en die getal van elkeen wat gedurende die jaar gelisensieer is. Hierdie persele is almal met gereelde tussenpose geïnspekteer en daar is paslik opgetree om, waar nodig, enige onbevredigende toestande reg te stel.

	Blankes	Nieblankes
Bakkers en banketbakkers (insluitende depots).....	30	3
Biljartsalonne.....	6	2
Bioskoopteekamers.....	3	—
Losieshuise.....	200	—
Steenbakkers.....	1	—
Slagters.....	158	50
Skoenmakers.....	54	20
Fietshandelaars.....	67	52
Melkerye.....	99	18
Droogskoonmaak-ontvangdepots.....	79	18
Velhandelaars.....	1	—
Visbakkers (groot- en kleinhandel).....	5	—
Vishandelaars.....	56	2
Fumigeerders en ontsmetters.....	3	—
Haarkappers.....	201	20
Marskramers en venters.....	73	144
Hotelle.....	30	—
Roomysvervaardigers.....	3	—
Roomysverkopers.....	275	22
Wasserye en droogskoonmakers.....	54	6
Markstalletjies.....	12	39
Melkprodusente.....	460	2
Melkwinkels.....	261	37
Meulenaars.....	4	—
Koeldrankhandelaars.....	171	33
Koeldrankvervaardigers.....	5	1
Bantoe-eethuise.....	6	35
Pandjieshouers.....	1	—
Pluimveehandelaars.....	44	—
Lewensmiddelehandelaars.....	459	254
Lewensmiddelefabrieke.....	16	2
Openbare sale en vermaaklikheidsplekke.....	23	—
Klipgroewe.....	1	—
Restaurante en teekamers.....	335	86
Handelaars in tweedehandse goedere.....	86	3
Leerlooierye.....	1	—
Teaters (een inryteater inbegrepe).....	13	4
Turkse baddens.....	1	—
Begrafnisondernemers.....	5	3
Houtsaers.....	4	—
Werkwinkels.....	276	5

BOUPLANNE:

Die ondergemelde is 'n opsomming van die planne wat gedurende die jaar geëindig 31 Desember 1964 ondersoek is.

Eerste keer voorgelê	Tweede keer voorgelê	Deur argitekte	Lokasies	Totaal
2,552	473	6	361	3,392

VROEËOGGEND- EN AANDINSPEKSIES:

Afgesien van die normale daaglikse inspeksies by die verskillende soorte persele, het die Distriksgesondheidsinspekteurs minstens een keer per maand vroeëoggend-inspeksies waargeneem en daarbenewens, wanneer nodig, saans of snags inspeksies uitgevoer, veral by plekke waar voedsel voorberei of bedien is.

Dit was deel van die normale pligte van inspekteurs, veral in die Voedselseksie, om gedurende middagetensure, vroeg saans of gedurende die nag inspeksies by hotelle, losieshuise, restaurante en ander plekke waar voedsel bedien word, uit te voer.

Die onderstaande tabel dui die soorte persele aan wat geïnspekteer is en die getal buitenstydse inspeksies wat gedurende die jaar uitgevoer is:

Soort inspeksie	Totale getal inspeksies	Bevredigend bevind	Nie bevredigend nie
Slagterswinkels.....	618	470	148
Bantoe-eethuise.....	33	16	17
Restaurante.....	408	270	138
Voedselafleverings.....	381	329	52
Melkdepots.....	157	127	30
Hotelle.....	94	81	13
Stalle.....	37	30	7
Diverse.....	42	33	9
Varsproduktehandelaars.....	75	58	17
Bakkerye.....	38	35	3
Losieshuise.....	9	8	1
Roomysdepots.....	17	14	3
	1,909	1,471	438
Voedselseksie (verskillende persele)			
Naginspeksies.....	145	140	5
Middagetensuurinspeksies.....	274	224	50
Vroeëoggendinspeksies.....	52	48	4
TOTAAL.....	2,380	1,883	497

Die volgende tabel verstrek 'n opsomming van die inspeksies uitgevoer en die stappe gedoen deur die Distriksgesondheidsinspekteurs gedurende die jaar geëindig 31 Desember 1964:

Oorlaste waarmee gehandel is.....	23,397
Kennisgewings bestel.....	3,400
Aanseggings bestel.....	19,997
Kennisgewings nagekom.....	2,915
Oorlaste weggeruim.....	22,912
Oorlaste weer geïnspekteer.....	10,138
Klagtes waarmee gehandel is.....	4,572
Sianiedfumigerings.....	88
Gebouvoltooingstrokies.....	330
Lisensieaansoeke.....	4,594
Stalle.....	120
Slagterswinkels.....	6,778
Vishandelaars.....	1,615
Bakkerye.....	617
Restaurante en teekamers.....	8,929
Losieshuise.....	891
Kruideniers- en lewensmiddelewinkels.....	5,604
Vrugte- en groentewinkels.....	5,480
Fabrieke.....	1,079
Haarkappersalonne.....	1,694
Melkerydepots en melkwinkels.....	1,669
Diverse inspeksies.....	3,958
Aangeleenthede wat na ander afdelings verwys is.....	914
Huis-tot-huis-inspeksies.....	10,695
Naginspeksies.....	51
Vroeëoggendinspeksies.....	1,522
Totale inspeksies.....	71,338

Plaagbeheer deur distriksgesondheidsinspekteurs.

Hier volg 'n opsomming van die werk verrig deur Distriksgesondheidsinspekteurs in verband met knaagdier-, muskiet, en vlieëbeheer gedurende die jaar geëindig 31 Desember 1964:—

KNAAGDIERE:

1. Klagtes ondersoek.....	484
2. Persele geïnspekteer en advies gegee.....	2,159
3. Kennisgewings en aanseggings om valle of gif te gebruik.....	948
4. Kennisgewings bestel wat knaagdierwering van persele vereis.....	103
5. Kennisgewings bestel ooreenkomstig 3 en 4 hierbo, voldoen aan...	158
6. Bestaande geboue voorsien van knaagdierwering.....	277
7. Nuwe geboue met knaagdierwering voltooi.....	279
8. Vervolgings weens versuim om aan regulasies te voldoen.....	—
9. Ophoping van vuilgoed of rommel waar daar moontlik knaagdiere kan skuil, skoongemaak of verwyder.....	1,139
10. Getal knaagdiere gedood of as gedood gerapporteer.....	2,215
11. Voedselblikke met rotwering vir diere verskaf.....	96
12. Sake na plaagbeheer verwys.....	13
13. Sake betreffende knaagdierbeheer na ander afdelings verwys.....	23

MUSKIETE

1. Klagtes ondersoek.....	145
2. Inspeksies uitgevoer.....	889
3. Kennisgewings en aanseggings uitgereik.....	314
4. Kennisgewings ooreenkomstig 3 hierbo bestel en voldoen aan...	62
5. Vervolgings weens versuim om aan regulasies te voldoen.....	Geen
6. Broeiplekke uitgeskakel.....	232
7. Advies gegee betreffende muskietbeheer.....	409
8. Soorte muskiete gevind.....	Culex

VLIEË:

1. Klagtes ondersoek.....	170
2. Inspeksies uitgevoer.....	874
3. Kennisgewings en aanseggings uitgereik.....	357
4. Kennisgewings ooreenkomstig 3 hierbo bestel, en voldoen aan...	59
5. Vervolgings weens versuim om aan regulasies te voldoen.....	1
6. Broeiplekke uitgeskakel.....	273
7. Advies gegee betreffende vlieëbeheer.....	472

VOEDSELSEKSIE:

Hierdie seksie is verantwoordelik daarvoor dat voedselware dwarsdeur die stad, met inbegrip van die gebiede wat onlangs by Groter Pretoria ingelyf is, op higiëniese wyse geproduseer, gehanteer en versprei word. Alle persele waarop voedselhandel beoefen word, is dikwels besoek en geïnspekteer.

Daar is gereeld monsters van alle openbare watervoorraade, beide by hul bronne en by verskeie plekke in die verspreidingstelsel vir bakteriologiese ondersoek geneem. Bowendien is die water in die agt swembaddens en plasdamme gereeld bakteriologies en skeikundig ondersoek om die doeltreffende werking van die suiweringsinstallasies na te gaan en te verseker.

Die aangehegte tabelle gee 'n duidelike beeld van die soorte voedselmonsters wat gedurende die jaar vir bakteriese en/of skeikundige ontleding geneem is. Monsters van bederfbare voedselware maak die grootste deel van hierdie monsters uit. In gevalle waar enige voedselmonster onder standaard bevind is, is die verkoper of gewaarsku of vervolg.

Gedurende die jaar is 'n groot hoeveelheid voedselware, waarvan hieronder besonderhede verstrekkend word, aan die Afdeling uitgelewer of is daarop beslag gelê omdat dit ongeskik vir menslike verbruik was. Dit is afgekeur en vernietig. Die uitstekende samewerking tussen die voedselverkopers en die Afdeling is gedurende die jaar gehandhaaf. Hierdie samewerking het tot gevolg gehad dat baie min waarskuwings aan verkopers gerig is met betrekking tot ongesonde voedselware wat vir verkoop uitgestal is of op die perseel gehou word.

'n Gesondheidsinspekteur was elke dag op diens by die vroeë-oggendmark waar daar op groot hoeveelhede voedselware beslag gelê is en as ongeskik vir menslike verbruik afgekeur is. Die besonderhede van hierdie hoeveelhede word in die tabelle hieronder weergegee.

Daar is voortgegaan met die beleid om restaurante, hotelle, losieshuise en ander voedselinrigtings gedurende etensure, terwyl voedsel berei en bedien word, te inspekteer. Hierdie inspeksies is in die vroeë oggend, gedurende die middagete en in die aand gedoen.

Besondere aandag is bestee aan die hantering en bereiding van voedselware, die was van gereedskap, mesgoed en skottelgoed en die netheid van die betrokke personeel.

Waar dit nodig geag is, is die monsters van die water uit private boorgate en putte veral in die pas-ingelyfde gebied, wat dorpe insluit, bakteriologies getoets, en wanneer daar ook al bevind is dat die water onder standaard is, is onmiddellik stappe gedoen om die watervoorraad te verbeter.

Die nuwe mark het teen die end van die jaar in werking getree en is baie modern. Higiëniese toestande daar is uitstekend.

Oor die algemeen is die voorbereiding, hantering en berging van voedselware bevredigend, maar gedurige waaksaamheid is nodig om aanvaarbare standaarde te handhaaf.

'n Totaal van 103 uur is bestee aan spesiale nag-, vroeëoggend- en middagetensuurinspeksies. Hier volg 'n uitvoerige tabel van hierdie werk:—

Oortredings.....	59
Kennisgewings bestel.....	6
Aansegings gegee.....	53
Oortredings verwyder.....	59

INSPEKSIES UITGEVOER:

Herinspeksies.....	6
Restaurante en teekamers.....	231
Gelisensieerde hotelle.....	47
Private hotelle en losieshuise.....	57
Banketbakkers.....	47
Bakkerye.....	61
Slagterye.....	2
Voedselafwerke.....	6
Voedselaflewering.....	14
	471

Die ondergemelde tabel gee 'n ontleding van die tye van die dag toe die spesiale inspeksies uitgevoer is:—

	<i>Getal</i>	<i>Bevredigend</i>	<i>Nie bevredigend nie</i>
Naginspeksies.....	145	140	5
Middagetensuurinspeksies.....	274	224	50
Vroeëoggendinspeksies.....	52	48	4

'n Totaal van 279 besendings eetware (behalwe dié waarop daar by die oggendmark beslag gelê is) is beslag op gelê of uitgelewer en die ondergemelde eetware is as ongeskik vir menslike gebruik afgekeur en vernietig:—

Konfyt.....	2,040 lb.
Vleis.....	} 15,027 blikkies.
Vis.....	
Vrugte.....	
Groente.....	
Melk.....	
Diverse eetware in blikkies..	} 1,683 flesse en bottels.
Mayonnaise.....	
Piekels.....	
Toebroodjiesmeersels.....	} 3,647 lb.
Ekstrakte.....	
Vleis.....	1,811 lb.
Gedroogde vrugte.....	696 lb.
Pluimvee.....	119 lb.
Kaas.....	1,284 pakkies.
Graankosse.....	1,559 lb.
Vis (vars).....	4 lb.
Sout.....	18 houers.
Yoghurt.....	14 lb.
Margarien.....	7 lb.
Koffie.....	12 lb.
Tee.....	29 lb.
Botter.....	2,561 pakkies.
Aartappelskyfies.....	2,193 pakkies.
Grondboontjies.....	17 pakkies.
Kornetts.....	663 lb.
Groente.....	10 lb.
Mieliemeel.....	

Tien waarskuwings en een vervolging is uitgereik ten opsigte van oortreding van wetsbepalings en regulasies insake eetware wat vir verkoop uitgestal word terwyl dit ongesond of ongeskik vir menslike verbruik is.

Die ondergemelde voedselmonsters is vir skeikundige en bakteriologiese ontleding geneem:—

SKEIKUNDIGE ONTLEDING:

<i>Aard van artikel</i>	<i>Getal monsters</i>	<i>Getal bevredigend</i>	<i>Getal onbevredigend</i>
Roomys.....	183	155	28
Boerewors.....	51	45	6
Gemaalde vleis.....	53	47	6
Kaas.....	26	26	—
Weense worsies.....	55	50	5

BAKTERIOLOGIESE ONTLEDING:

Roomys.....	183	173	10
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Drie-en-veertig waarskuwings is uitgereik en twee vervolgings is ingestel in verband met die monsters wat nie aan die vereiste standarde voldoen het nie.

MUNISIPALE WATERLEWERING:

	Bevredi- gend	Onbe- vredigend	Totaal
1. Rietvleiwaterwerke:			
(Na filtrering, maar voor chlorering).....	2	1	3
2. Witkoppiesbrug:			
Hierdie spruit vloei in die Rietvleidam en word sorgvuldig dopgehou.....	—	10	10
3. Fonteine:			
(a) Boonste fontein (voor chlorering).....	8	2	10
(b) Onderste fontein (voor chlorering).....	6	4	10
(c) Gemengde water (na chlorering, sluit in water van Fonteine, Rietvlei en Grootfontein).....	9	1	10
4. Krane in stad:			
In verskillende dele van die stad.....	23	—	23
5. Ander munisipale leweringsplekke:			
(a) Mamelodi-opbergtenks.....	30	—	30
(b) Munisipale swembaddens.....	44	1	45
(c) Munisipale plasdammetjies.....	15	—	15
(d) Rooiwal.....	29	1	30
(e) Munisipale klipgroef (Bon Accord).....	14	16	30

'n Pypleiding is na die Bon Accord-klipgroefgebied aangelê en onlangse resultate was bevredigend.

	Bevredi- gend	Onbe- vredigend	Totaal
6. Pas-ingelyfde gebiede:			
(a) Valhalla (boorgate).....	12	—	12
(b) Erasmia (fonteine).....	6	—	6
(c) Murrayfield (opgaartenk).....	2	—	2
7. Randse Waterraad:			
Uit hooftoevoerpyplyn.....	11	—	11
8. Op private persele:			
Boorgate.....	12	7	20
Fonteine.....	—	6	6

Stappe is gedoen om eienaars van verdagte boorgate, putte of fonteine te gelas om by die munisipale watervoorraad aan te sluit, tensy die water toereikend gechloreer is.

9. Rioolwateruitvloei na kragentraledam en gholfbaan gepomp:

(a) Na filtrering en chlorering by rioolwaterwerke.....	1	9	10
(b) Na filtrering en chlorering by kragentraledam.....	—	10	10

Hierdie water is rioolwateruitvloei wat gefiltreer en gechloreer en na die kragentrale gepomp word vir verkoelingsdoeleindes en na die Pretoria-Wes-gholfbaan vir besproeiing. Dit word nie vir swem- of huishoudelike doeleindes gebruik nie.

SKEIKUNDIG

(a) Munisipale swembaddens.....	46	—	46
(b) Munisipale plasdammetjies.....	14	—	14

MUNISIPALE MARK:

Daaglikse inspeksies van al die produkte op die vroeë-oggendmark is uitgevoer en die volgende hoeveelhede eetware is gedurende die jaar afgekeur en vernietig.

Vrugte en groente:

Kaste groot.....	3,894
Bondels groot.....	54
Kratte.....	1,714
Kartondose.....	146
Sakkies.....	13,586
Kardoesies.....	213

Plastiese sakke.....	209
Hope.....	2
Suikersakkies.....	2,462
Platkissies.....	370
Graansakke.....	14

Geslagte pluimvee:

Getal ondersoek.....	9,401
Getal afgekeur.....	geen

Wildsbokke:

Getal ondersoek.....	950
Getal afgekeur.....	10
Persentasie afgekeur.....	1.05

Kalkoene:

Getal ondersoek.....	6
Getal afgekeur.....	geen

Eende:

Getal ondersoek.....	1
Getal afgekeur.....	geen

Duiwe:

Getal ondersoek.....	26
Getal afgekeur.....	geen

Tarentale (wild):

Getal ondersoek.....	369
Getal afgekeur.....	3
Persentasie afgekeur.....	.8

Ondergemelde tabel toon die aantal inspeksies wat deur die inspekteurs van die Voedsel-seksie uitgevoer is.

Oortredings waarmee handel is.....	3,149
Oortredings verminder.....	3,142
Kennisgewings bestel.....	136
Aanseggings gegee.....	3,013
Herinspeksies.....	447
Klagtes waarmee handel is en advies gegee.....	197
Lisensieaansoeke waarmee handel is.....	155
Inspeksie van slaghuise.....	338
Inspeksie van vishandelaarsake.....	138
Inspeksie van bakkerye.....	285
Inspeksie van banketbakkerye.....	67
Inspeksie van restaurante en teekamers.....	2,337
Inspeksie van Bantoe-eethuise.....	271
Inspeksie van vrugte- en groentewinkels.....	3,062
Inspeksie van melkwinkels en melkdepots.....	22
Inspeksie van ander voedselwinkels.....	1,546
Inspeksie van koeldrankfabrieke.....	153
Inspeksie van voedsel-fabrieke.....	690
Inspeksie van oggendmark.....	259
Diverse inspeksies.....	343
Naginspeksies.....	145
Middagetensuur-inspeksies.....	274
Vroeëoggendinspeksies.....	54
Monsters geneem.....	986
Hotelle en losieshuise.....	896

12,665
NIEBLANKEGEBIEDE:**Personeel:**

Die personeel van hierdie seksie bestaan uit:—

- 1 Toesighoudende Gesondheidsinspekteur.
- 2 Gesondheidsinspekteurs.
- 2 Nieblankegesondheidsinspekteurs.

(Daar is vier vakatures vir Nieblankegesondheidsinspekteurs.)

Dit is hoogs onwaarskynlik dat daar enige gekwalifiseerde Bantoesondheidsinspekteurs is wat vir aanstelling beskikbaar is en wat in die Pretoriagebied woon.

Na herhaalde vertoë het die Departement van Bantoe-administrasie en -ontwikkeling ingewillig om twee Bantoesondheidsinspekteurs uit ander gebiede aan te stel.

Dit sal in die nabye toekoms nodig wees om 'n Indiërgesondheidsinspekteur aan te stel om in die snel-ontwikkelende Indiërdorp Laudium te werk. Bowendien sal hy uitgebreide gesondheidswerk in die Asiatebuurt doen.

Een van die twee Bantoesondheidsinspekteurs werk in Mamelodi en die ander een in die Atteridgeville/Saulsville-Bantoeoord. Hulle word gehuisves in die Administrasiegeboue van die Hoofsuperintendente. Die twee Blanke Gesondheidsinspekteurs is belas met die oostelike en

westelike Bantoedorpe onderskeidelik. Al hierdie beamptes is onder die regstreekse beheer van die Toesighoudende Gesondheidsinspekteur, wat algemene toesig hou oor die werk in die Nieblankedorpe binne die munisipale gebied.

BANTOEDORPE:

1. Lady Selborne en Claremont (Erwe 1—36):

Hierdie aangrensende dorpe is tot Blankegebied verklaar en die inwoners word na ander nuutgestigte Bantoedorpe oorgeplaas. In navolging van sy beleid om die gebied skoon te maak van alle slums het die Raad 742 persele gekoop en daarvan is 618 gesloop.

Die ander persele sal binnekort deur die Raad aangekoop en gesloop word. Die hervestiging van die inwoners is belemmer weens die tekort aan huise in die nuwer Bantoedorpe waar groot-skaalse boubedrywighede aan die gang is en daar word verwag dat die inwoners van Lady Selborne en Claremont binne twee jaar hervestig sal wees.

Gereelde inspeksies van al die besigheidspersele is gedurende die jaar uitgevoer en waar nodig is stappe gedoen waar daar oorlaste was.

2. Atteridgeville/Saulsville:

Geen nuwe huise is gedurende die jaar opgerig nie en daar is nog 238 vakante bouterreine in hierdie gebied. Die bedoeling is om hierdie erwe uitsluitlik vir die natuurlike aanwas van die inwoners te hou. Baie huiseienaars het hul huise vergroot en herontwerp.

Alle paaie met uitsondering van 'n paar sypaaie is geteer en die hele gebied is gerioleer. Reënwaterriole is voorsien en die Raad reël 'n vuilgoedverwyderingsdiens tweemaal per week.

Die lewenstandaard en sin vir netheid van die inwoners is skynbaar hoër as dié wat in die ander Bantoedorpe aangetref word. As gevolg van uitstekende samewerking was dit nie nodig om enigeen van die gelisensieerdes of bewoners weens oortreding van die gesondheidswetgewing te vervolg nie.

Die bioskoopsaal is voltooi maar nog nie toegeken nie.

'n Nuwe crèche word opgerig en sal gedurende 1965 voltooi word. . .

Getal huise 1963.....	9,801
Getal huise 1964.....	9,801
Vermeerdering in huise gedurende 1964.....	geen.

3. Laudium:

Hierdie Indiërdorp geleë aan die suidwestelike omtrek van Pretoria ontwikkel vinnig en die 430 huise wat deur die Stadsraad opgerig is, is almal beset. Bowendien is daar 36 huise van 'n hoër standaard privaat gebou. Al die strate is geteer en straatligte word verskaf. Die hele gebied is gerioleer. 'n Nuwe poskantoor is langs die moderne besigheidsentrum opgerig en word gebruik. Die twee klerefabrieke is in volle produksie en gedurende die jaar is daar by die een fabriek uitbreidings gemaak.

Getal huise 1963.....	333
Getal huise 1964.....	466
Toename in huise.....	133

4. Asiatebuurt en Kleurlinglokasie:

Hierdie ou Nieblankedorpe wat onderskeidelik deur Indiërs en Kleurlinge bewoon word, bly erg oorbewoon en huise en kamers is baie gebrekkig, oorbewoon en sonder doeltreffende sanitêre en wasgeriewe.

Huise word te Laudium en Eersterust gebou om die inwoners van hierdie dorpe te hervestig en daar word verwag dat hierdie onbevredigende toestande in die nabye toekoms uitgeskakel sal word.

5. Eersterust:

Dit is 'n dorp net vir Kleurlinge en is naby die Bantoedorp Mamelodi geleë. Slegs een nuwe huis is opgerig maar 50 nuwe huise was teen die einde van die jaar in aanbou. Daar bestaan nog eenhonderd drie-en-vyftig van die ou huise, maar hulle is almal van 'n lae standaard. Hierdie huise asook die ou onbevredigende besigheidspersele sal gesloop word sodra ander persele beskikbaar is.

Opgerig deur Stadsraad:

Getal huise 1963.....	199
Getal huise 1964.....	200
Toename in huise gedurende 1964.....	1

Hierdie huise is bo en behalwe die 153 ou bestaande huise.

6. Mamelodi:

Teen die einde van die jaar was dit duidelik dat daar snelle vooruitgang gemaak is met die bou van 'n groot aantal bykomende huise. Wanneer hulle voltooi is, sal dit baie help om 'n groot aantal persone uit slumwonings in Lady Selborne en Eastwood te verwyder. Hierdie twee gebiede word, ter uitvoering van die Raad se beleid om die slums te verwyder opgeruim aangesien hulle ingevolge die Groepsgebiedewet tot Blankegebiede geproklameer is. Voor 1 Julie 1964 was Mamelodi buite die munisipale grense van Pretoria geleë. Inderdaad het dit toe onder die regsgebied van die Gesondheidsraad vir Buitestedelike Gebiede geressorteer. Mamelodi het vanaf 1 Julie 1964 binne die Pretoriase munisipale gebied gekom met die totstandkoming van Groter Pretoria. Voor hierdie

datum is die sanitêre en vuilgoedverwyderingsdienste onder kontrak met die Stadsraad van Pretoria deur die Munisipaliteit van Silverton uitgevoer. Na inlywing het die Raad se Afdeling Nie-blankesake egter vir hierdie dienste verantwoordelikheid aanvaar. Dit het 'n onmiddellike verbetering in die dienste oor die algemeen teweeggebring.

Planne is reeds opgestel vir die riolering van die hele gebied en daar word verwag dat daar binnekort met die lê van die rioolpype begin sal word. Daar is reeds 'n aanvang gemaak met die bou van die rioolwaterwerke vir hierdie skema.

Daar is 'n aantal goed verspreide winkelsentrums in die gebied. Hierdie sentrums voldoen aan al die behoeftes van die inwoners en die winkels word goed onderhou. Hulle word gereeld geïnspekteer en dit is selde nodig om drastiese stappe te doen om te verseker dat die openbare gesondheidsvereistes behoorlik gehandhaaf word.

Getal huise 1963.....	9,275
Getal huise 1964.....	9,839
Toename in huise.....	564

7. Eastwood:

Hierdie gebied is met die totstandkoming van Groter Pretoria op 1 Julie 1964 ingelyf. Daar is 'n groot aantal heeltemal defektiewe slumpondokke in hierdie gebied, wat feitlik heeltemal deur Bantoes bewoon word. Daar is geen sanitêre of vuilgoedverwyderingsdienste nie. Daar is geen aangelegde watervoorraad nie en die beskikbare water word deur die inwoners van venters gekoop, wat die water in klein hoeveelhede teen hoë pryse verkoop. Hierdie water word getrek uit boorgate wat in die gebied geleë is. Die hele gebied is heeltemal onhigiënies. Hoe gouer die inwoners elders gehuisves word en die terrein van alle slums, vuilgoed en ongewenste elemente skoongemaak word, hoe beter. Die gebied is dig bewoon hoewel ons geen werklike bevolkingsyfers het nie.

8. Highlands en Newlands:

Hierdie gebiede is met die totstandkoming van Groter Pretoria op 1 Julie 1964 ingelyf. Die gebiede word hoofsaaklik deur Kleurlinge bewoon, hoewel daar 'n paar Bantoes en Indiërs is. Daar is 'n paar geboue wat in 'n redelike goeie toestand is, maar die origes is heeltemal ongeskik vir menslike bewoning. Die Raad het reeds 'n groot deel van die eiendomme in hierdie gebied aangekoop en het die slumgeboue gesloop sodra hulle ontruim is. Die Raad gaan voort om eiendomme in hierdie gebied op te koop met die oog op die herontwikkeling daarvan. Sanitêre toestande was en is nog uiters sleg. Daar is geen sanitêre of vuilgoedverwyderingsdiens in hierdie gebied nie. Daar is geen aangelegde watervoorraad nie en water word net van venters teen 'n hoë prys verkry. Hierdie water word verkry uit boorgate wat in die gebied geleë is. Die algemene sanitêre toestande is so sleg dat hoe gouer die inwoners elders gehuisves word en die terrein van al die gebrekkige geboue, vuilgoed en ander onhigiëniese elemente skoongemaak word, hoe beter. Daar moet egter beklemtoon word dat sedert hierdie gebied ingevolge die Wet op Groepsgebiede tot 'n Blankegebied geproklameer is, die Raad die onhigiëniese toestande wat daar geheers het, aansienlik verminder het.

STATISTIESE OPGAWE VIR ALLE NIEBLANKEGEBIEDE:

A. Opsomming van inspeksies in die Nieblankegebiede gedurende die jaar:—

	<i>Totaal</i>
Oorlaste waarmee handel is.....	6,270
Kennisgewings waaraan voldoen is.....	581
Aansegings waaraan voldoen is.....	5,440
Kennisgewings bestel.....	830
Aansegings gegee.....	5,440
Herinspeksies—kennisgewings.....	1,730
Herinspeksies—aansegings.....	1,870
Klagtes ondersoek.....	33
Lisensie-aansoeke.....	758
Persele waar diere/pluimvee aangehou word.....	180
Slaghuisse.....	1,978
Vis- en pluimveehandelaars.....	61
Bakkerye en banketbakkerye.....	20
Algemene handelaars (eetware).....	2,063
Algemene handelaars (nie eetware nie).....	911
Restaurante, teekamers en eethuise.....	1,662
Varsproduktehandelaars.....	536
Melkdepots en melkwinkels.....	152
Marskramerpakkamers.....	429
Varsprodukte- en roomyskarretjies.....	206
Afleweringvoertuie (vleis, melk, vis, brood).....	737
Bioskope en openbare sake.....	61
Huisinspeksies.....	1,215
Haarkappers.....	295
Washuise en wasserye.....	32
Fabrieke en werkwinkels.....	87
Seremoniële slagtings.....	1
Bewoonde buitegeboue.....	49

Besoeke buite ure.....	130
Ander besoeke.....	991
Bouerslatrines.....	82
Aangeleenthede wat na ander Afdelings verwys is:—	
Verstoppe riole/Gebrekkige wateraansluitings.....	35
Ongemagtigde geboue.....	227
Boudefekte aan geboue.....	92
Ander aangeleenthede.....	404
Totaal.....	<u>17,027</u>

Opmerking.—Hierdie syfers is nie by verslae in verband met Blankegebiede ingesluit nie.

B. PLAAGBEHEER:

Die onderstaande is 'n opsomming van inspeksies in verband met plaagbeheerwerk in die Nieblankegebiede.

Knaagdiere:

1. Klagtes ondersoek.....	24
2. Persele geïnspekteer en advies gegee.....	804
3. Kennisgewings en aanseggings om lokvalle of gif te gebruik..	516
4. Kennisgewings bestel waarin vereis word dat persele knaagdierveilig gemaak word.....	36
5. Kennisgewings bestel ingevolge 3 en 4 hierbo waaraan voldoen is.....	60
6. Bestaande geboue knaagdierveilig gemaak.....	48
7. Nuwe knaagdiervry geboue voltooi.....	204
8. Ophoping van rommel of hout wat knaagdiere kan huisves, skoongemaak of verwyder.....	276
9. Getal knaagdiere gedood of as dood gerapporteer.....	1,620

Muskiete:

1. Klagtes ondersoek.....	11
2. Inspeksies uitgevoer.....	12
3. Kennisgewings bestel en aanseggings gegee.....	3
4. Broeiplekke uitgeroei.....	3
5. Advies aangaande muskietbeheer gegee.....	12
6. Soorte muskiete gevind.....	Culex

Vlieë:

1. Klagtes ondersoek.....	4
2. Inspeksies uitgevoer.....	300
3. Aanseggings gegee.....	156
4. Kennisgewings bestel waaraan voldoen is.....	4
5. Broeiplekke uitgeskakel.....	120
6. Advies aangaande vlieëbeheer gegee.....	180

ALGEMENE INLIGTING NET INSAKE NUWE DORPE

	Mamelodi	Eersterust	Atteridgeville/Saulsville	Laudium
Bevolking 1.	(Sien hoofstuk oor bevolkingsstatistiek).			
2. Hostel.				
Wonings, huise.				
(a) Bewoon.....	9,839	353	9,801	466
(b) Vakant.....	—	—	—	—
(c) In aanbou.....	571	50	—	70
Kerke.....	31	1	26	—
Skole.....	19	1	20	1
Biersale.....	4	—	3	—
Biersaaldepots/drankwinkels.....	2	—	4	—
Drankwinkels (drank).....	3	—	1	—
Gemeenskapsentrums, sale.....	1	1	1	1
Garages.....	1	1	1	—
Crèches.....	3	—	3 en 1 in aanbou	
Hostels.....	1	—	1	—
Administratiewe blokke.....	2	1	1	1
Ouetehuse.....	1	—	1	—
Bioskope.....	1	—	1	—
Fabrieke.....	—	—	1	2
Poskantore.....	2	1	1	1
Polisiestasies.....	1	—	1	—

Vervolgings.

Aard van oortreding	Totale getal vervolgings	Getal skuldig	Getal onskuldig bevind	Getal terug- getrek	Getal Gewaar- sku en ontslaan	Boetes opgelê
Brood nie toegedraai wanneer afgelewer	12	10	—	2	—	R22.0
Versuim om te voldoen aan kennisgewings bestel.	8	7	—	1	4	R17.0
Versuim om inligting op versoek te verstrek . . .	2	2	—	—	2	—
Geen naam op eetwareafleveringsvoertuig	1	1	—	—	—	R4.00

C. BOUPLANNE

Driehonderd een-en-sestig planne vir verbouings, aanbouings en nuwe geboue in die Nie-blankegebiede is gedurende die jaar ondersoek.

D. GELISENSIEERDE PERSELE:

	Mame- lodi	Asiate buurt	Eerste- rust	Lady Selborne	Clare- mont	Atteridge- ville/ Saulsville	Laudium
Biljartsalonne	—	2	—	—	—	—	—
Slagters	10	1	3	15	4	8	1
Steenkoolagentskappe	5	—	—	—	—	6	—
Skoenmakers	—	—	—	5	3	2	—
Fietshandelaars	3	16	1	3	2	3	—
Varsproduktehandelaars	4	—	4	7	8	4	—
Algemene handelaars (lewensmiddele uitgesluit)	15	52	—	—	1	1	—
Haarkappers	6	10	—	3	1	2	—
Marskramers en venters	5	121	2	29	8	5	8
Droogskoonmakers en wasserye	—	7	—	—	—	1	3
Melkdepots	8	2	—	2	—	5	1
Koeldrankhandelaars	—	10	—	—	—	5	—
Bantoe-eethuise	—	2	3	23	—	1	—
Lewensmiddele-handelaars	15	6	5	4	10	21	1
Teaters	1	3	—	—	—	—	—
Kleremakers (sters)	2	5	—	—	—	3	—
Begrafnisondernemers	2	—	—	1	—	1	—
Werkwinkels—motoronderdele	3	6	1	—	1	1	—
Restaurante en teekamers	14	38	5	2	10	11	1
Kruiedokters	3	1	—	—	—	—	—
Handelaars in tweedehandse goedere	—	1	—	—	—	—	—
Roomysdepots	—	—	—	—	—	1	—

PLAAGBEHEERSEKSIE.

MUSKIETBEHEERMAATREËLS:

Die muskietbeheermaatreëls wat gedurende die jaar gehandhaaf is, is die roetine-verwydering van plantegroei aan die kante van spruite, vore en besproeiingsdamme, die dreinerings van moerasgebiede en die oopskraap van spruite en besproeiingsvore waar nodig. Die verwydering van plantegroei uit spruite en vore is nie in die pas-ingelyfde gebiede gedoen nie, omdat die beskikbare arbeidsmag nie voldoende was nie.

Bespuiting met antilarwespuistof is van Januarie tot die einde van April uitgevoer en weer vanaf die begin van September, toe al die pas-ingelyfde gebiede ook bespuut is. Vierhonderd-en- vyftig gellings gekonsentreerde insekgif is gebruik. Daar is bevind dat muskietuitbroeiing in hoër mate in die pas-ingelyfde gebiede voorgekom het. Intensiewe antilarwespuitmaatreëls het egter die uitbroeiing onder beheer gehou. Vierhonderd-agt-en-twintig uitgrawings wat werklike of potensieële broeiplekke was, is opgevul en gelykgemaak en 167 moerasgebiede is gedreineer.

Die groenteboere, National Match factory, Les Marais-besproeiingsraad en die Universiteitsproefplaas het hul heelhartige samewerking gebied en daar was geen teensinnigheid van hul kant om die vereiste bedrag vir gelewerde dienste te betaal nie. Muskietbeheermaatreëls is op doeltreffende wyse op al hierdie persele uitgevoer.

Klagtes (241) oor die voorkoms van muskiete was ietwat meer as verlede jaar (107). Dit kon hoofsaaklik aan die groter gebied wat nou beheer word, toegeskryf word. In geen geval was dit nodig om geregtelike stappe teen persone in te stel weens versuim om mondelinge of skriftelike waarskuwings na te kom nie, aangesien ons in hierdie opsig heelhartige samewerking geniet het.

Eenduisend ses-en-sewentig inspeksies van spruite, damme en besproeiingsvore is uitgevoer en gedurende die jaar is daar gedurende aandag aan die antilarwespuiting bestee.

Knaagdierbeheer.

Roetine-knaagdierbeheermaatreëls is in alle munisipale geboue, rommelhope, parke, kwekerye, werkwinkels, dorpsveld, die rioolwaterwerke (sentraal so wel as by Rooiwal), Rietvleiwaterwerke, Bantoegebiede en diverse ander persele gehandhaaf. Eenduisend driehonderd sewe-en-sewentig inspeksies is gedurende die jaar op munisipale persele uitgevoer. Daar was tienduisend driehonderd agt-en-tagtig gifaasplasings en 5,555 is geneem. Dit is bekend dat 1,030 knaagdiere op munisipale persele vernietig is. Dit is waarskynlik dat baie meer vernietig is, maar dat hul karkasse om verskeie redes nie gevind is nie.

Seshonderd een-en-tagtig klagtes is gedurende die jaar ontvang en dis effens hoër as die aantal vir die vorige jaar. Dit kan toegeskryf word aan die groter gebied wat nou beheer word. Al die klagtes is ondersoek en 964 mondelinge of skriftelike kennisgewings wat knaagdierbeheermaatreëls

vereis het, is uitgereik. In geen geval was dit nodig om geregtelike stappe te doen weens versuim om knaagdierbeheermaatreëls uit te voer wanneer die Afdeling dit versoek het.

Eenhonderd-en-drie aanseggings is gegee om geboue knaagdierwerend te maak. In al die gevalle is daar voldoen aan die aanseggings. Eenduisend nege-honderd nege-en-sestig ophopings van vuilgoed en hout, wat werklike of moontlike broeiplekke was, is bevredigend verwyder.

Vier-en-vyftig aansoeke om „Knaagdiervry”-sertifikate ten opsigte van persele wat gesloop moes word, is ontvang en na ondersoek van die persele, is die vereiste sertifikate uitgereik.

Vlieë-uitbroeiing:

Alle munisipale parke, kwekerye, rioolwaterwerke en komposgate is gereeld geïnspekteer en bevredigende beheermaatreëls is gehandhaaf. Eenhonderd-en-sewentig klagtes is ondersoek en 874 inspeksies is uitgevoer om broeiplekke op te spoor. Tweehonderd drie-en-sewentig broeiplekke is uit die weg geruim. Nege-en-vyftig kennisgewings is bestel en slesg in een geval was dit nodig om geregtelike stappe te doen teen 'n persoon wat versuim het om vlieë-uitbroeiing op sy perseel uit te skakel nadat hy behoorlik gewaarsku is om dit te doen.

Kakkerlakbeheer.

Kakkerlakbeheermaatreëls is uitgevoer op alle munisipale persele waar dit nodig bevind is. Altesame sewe persele is bespuit en hulle was vir baie maande vry van die besmetting. Alle klagtes oor private persele is ondersoek en die nodige advies is gegee.

Bilharzia.

Opnames is gemaak van al die spruite, besproeiingsvore en voëlreservate binne die munisipale gebied. Slakke is versamel en vir ondersoek en identifikasie aan die Suid-Afrikaanse Instituut vir Geneeskundige Navorsing voorgelê. Geeneen van die slakke wat voorgelê is, was met die bilharzia-parasiet besmet nie. Slakdraers is in die Morelettaspruit aangetref, maar na ondersoek, is daar bevind dat hulle vry was van die bilharzia-parasiet.

Weeluisse.

Alle munisipale kampongs, Bantoehostels en Nieblankecrèches is gereeld geïnspekteer en agt persele is gedurende die jaar behandel.

Algemeen.

Klagtes is ontvang ten opsigte van miere, silwermotte, tapytkewers, papiermyte, vlooië, skerpioene, krieke, perdebye, vlermuise, ens. op private persele. Al die klagtes is ondersoek en die nodige advies aangaande uitroeiingsmetodes is gegee.

OPSOMMING VAN INSPEKSIES GEDURENDE DIE JAAR: MUSKIETBEHEER:

Oortredings waarmee gehandel is.....	26
Oortredings verwyder.....	14
Kennisgewings bestel.....	—
Aanseggings gegee.....	14
Persele weer geïnspekteer.....	13
Klagtes waarmee gehandel is en advies gegee.....	96
Nagaan van damme waar onkruid verwyder is.....	1,076
Nagaan van damme wat bespuit is.....	526
Nagaan van besproeiingsvore wat skoongemaak is.....	919
Nagaan van besproeiingsvore wat bespuit is.....	507
Nagaan van dreinerings van moerasgebiede.....	167
Nagaan van bespuiting van moerasgebiede.....	126
Gate en holtes opgevul.....	428
Huise bespuit vir muskietoorlas.....	1
Spesiale ondersoeke uitgevoer om muskiete te identifiseer.....	—
Inspeksies uitgevoer in verband met aanmelding van malaria...	—
Diverse inspeksies.....	484
Bespuiting teen insekte.....	62
Totale inspeksies vir die jaar.....	<u>4,459</u>

KNAAGDIERUITROEIING:

Oortredings waarmee gehandel is.....	19
Oortredings verwyder.....	13
Aanseggings gegee.....	16
Persele weer geïnspekteer.....	—
Klagtes waarmee gehandel is en advies gegee.....	197
Nuwe knaagdiervrye vloere in meel-, voer- en ander pakkamers aangebring.....	—
Vloere herstel of mure of dakke knaagdierwerend gemaak in meel-, graan- of voerpakkamers.....	—
Graan-, voer- of ander pakhuse wat nie knaagdiervry is nie ge- sloop.....	—

Ophopings van vuilgoed of rommel wat moontlik rotte kan huis- ves, skoongemaak en verwyder.....	830
Diverse inspeksies.....	1,185
Munisipale inspeksies.....	1,377
Knaagdiervry-inspeksies.....	54
Totale inspeksies vir die jaar.....	3,691
Gifaas op dorpsveld gestel.....	10,380
Getal aaslokvalle geneem.....	5,555
Rotgate op dorpsveld, ens. met gas behandel.....	—
Persele in stad met gas behandel.....	—
Getal knaagdiere op munisipale persele vernietig.....	1,030

SLUMOPRUIMING.

Weens die voortdurende uitbreiding van die stad se nywerheids- en besigheidsgebiede, is verskeie erge en geringe slums gesloop om plek te maak vir nuwe moderne geboue.

Gedurende die verslagjaar is daar 64 erge slumwonings in die Blankegebiede gesloop. Die meeste hiervan is deur arm gesinne bewoon en dit is jammer dat ons nog steeds nie in 'n posisie is om aan al die onwortelde gesinne in die laer-inkomstegroepe geskikte behuising te bied nie, veral dié met groot gesinne.

Die aantal bekende erge slumwonings aan die einde van die jaar het 97 beloop, waarvan 24 onbewoon was.

Gedurende die jaar is 59 eiendomme die Raad aangebied om grond beskikbaar te stel vir voorgestelde pad- en ander skemas wat die Raad wil ontwikkel. Hierdie eiendomme is almal deur die Slumseksie geïnspekteer en verslae oor hul strukturele toestand is aan die Klerk van die Raad voorgelê. Sommige van hierdie eiendomme het op een of ander stadium die aandag van hierdie Afdeling geniet ingevolge die bepalings van die Slumswet en die Slumsregulasies. Al die erge slumeiendomme wat aldus verkry word, word gesloop sodra die geboue ontruim word.

Hoewel daar 'n sekere afname in die aantal erge slumeiendomme was, bly daar nog 'n aantal geringe slumwonings oor, veral in die sentrale en Herculesgebied.

Hierdie geringe slumtoestande is die gevolg van oorbewoning, ontoereikende kook-, was- en skoonmaakgeriewe en onbehoorlike skeiding van geslagte en kan hoofsaaklik toegeskryf word aan die huidige tekort aan huisvesting vir die middel- en laer-inkomstegroepe.

Dit is uiters moeilik om mense te help wat onder voorgenoemde onbevredigende toestande woon en hoewel die bepalings van die Slumsregulasies baie maklik op sulke eiendomme van toepassing gemaak kan word, sou dit net aanleiding gee tot dergelike of ergere toestande elders deur dieselfde gesinne, tensy hulle behoorlik hervestig word.

Die bewoning van buitegeboue en ander ongewenste huisvesting in private agterplase is skynbaar aan die toeneem en hierdie beleid veroorsaak nog steeds kommer. Die redes vir hierdie beleid is skynbaar die voortdurende instroming van mense van aangrensende gebiede, immigrante van oorsee en die gedurige uitbreiding van die stad se nywerheids- en besigheidsgebiede. Die syfers wat die aantal buitegeboue en ander aldus bewoonde ongewenste huisvesting aandui, toon 'n besliste verhoging oor dié van vorige jare. Aan die begin van die jaar was daar 18 bekende besette buitegeboue. Gedurende die jaar is 35 ontruim en teen die end van die jaar het die aantal bekende besette buitegeboue tot 53 vermeerder.

'n Groot aantal kennisgewings is bestel aan eienaars en bewoners weens oortreding van die Slumswet en die munisipale Slumsregulasies. Aan die meeste van die kennisgewings is daar onmiddellik voldoen en drastiese optrede is slegs in uitsonderlike gevalle toegepas. 'n Aantal van die bestaande erge slumswonings word deur eienaars bewoon en baie min van hulle is in 'n geldelike posisie om hul eiendomme te verbeter of om nuwe huise te bou.

Verspreiding van erge slumeiendomme en geokkupeerde buitegeboue in Blankegebiede.

Die onderstaande tabelle dui die bekende erge slumwonings en onbevredigende buitegeboue aan die einde van die onderhawige jaar aan (syfers vir die vorige jaar word tussen hakies aangetoon).

Gebiede	Bekende be- staande erge slumwonings op		Bekende ge- okkupeerde buitegeboue		Toename of afname in verge- lyking met vorige jaar.	
	31.12.64		31.12.64		Slumwonings	Buitegeboue
Innesdalegebied.....	10	(16)	8	(7)	—6	+1
Westelike gebiede (wes van Steen- hovenspruit).....	6	(5)	8	(2)	+1	+6
Oostelike gebiede (oos van Apies- rivier).....	9	(5)	3	(—)	+4	+3
Sentrale gebiede.....	20	(25)	3	(2)	—5	+1
Herculesgebied.....	20	(19)	22	(7)	+1	+15
Onlangs ingelyfde gebiede.						
Silverton.....	1					
Pretoria-Noord.....	7		8			
East Lynne.....	—		1			
TOTAAL.....	73	(70)	53	(18)		

Daar moet egter te boek gestel word dat die aantal erge slumwonings en bewoonde buitegeboue in die onlangs ingelyfde gebiede na beraming die totale in bogenoemde tabel aangetoon, oorskry. Weens werkdrukke en onvoldoende personeel was dit vir hierdie seksie onmoontlik om 'n gedetailleerde slumopname van hierdie gebiede uit te voer. Dit is egter op die program geplaas vir aandag vroeg in die nuwe jaar.

Slumopruiming in Nieblankegebiede.

Nog 'n suksesvolle jaar is ondervind met betrekking tot die opruiming van slumwonings en ander onbevredigende soorte huisvesting in al die Nieblankewoongebiede wat kragtens die Wet op Groepsgebiede tot Blankegebiede geproklameer is. Hierdie gebiede sluit in die dorpe Lady Selborne, Claremont, Highlands en Eastwood. Sanitêre en gesondheidstoestande in hierdie gebiede is uiters onbevredigend. Gedurende die jaar het die Raad besluit om die verwydering van die bewoners van die Lady Selborne- en Claremontgebied te verhaas en die voorneme is om met 'n blok-per-blok-stelsel te begin om eiendom te verkry en om daarna die inwoners te hervestig en om die geboue te sloop.

Hofgedinge.

Soos in vorige jare en in ooreenstemming met die algemene beleid van die Afdeling het ons voortgegaan om die samewerking van die publiek te verkry liever as om hofgedinge in te stel. Daar is geen slumhofgedinge kragtens die Slumswet ingestel nie.

Daar is egter een aansoek by die Slumsopruimingshof ingedien om 'n herroeping van 'n verklaring wat ingevolge artikel 4 van die Wet op 31 Maart 1941 gedoen is. Die vereistes wat neergelê is toe die perseel tot slum verklaar is, is sedertdien nagekom en die aansoek is toegestaan. Dit was egter nodig om hofgedinge ingevolge die munisipale Slumsregulasies in te stel in die volgende gevalle:—

<i>Aard van oortreding</i>		<i>Getal aanklagte.</i>
Versuim om perseel in bevredigende strukturele toestand te hou.	3	(1 teruggetrek).
Toelating dat buitegeboue geokkupeer word.....	2	(1 geval onbeslis)
Toelating van oorbewoning.....	2	
TOTAAL.....	<u>7</u>	

Slopings en omskakeling van woonpersele.

'n Groot aantal aansoeke om toestemming om wonings te sloop of woonpersele vir besigheidsgebruik om te skakel is weer ingevolge die bepalinge van die Wet op Behuising no. 10 van 1957 behandel.

Onderstaande syfers dui die getal aansoeke om die aangegeve redes aan:—

Vir die bou van woonstelle, kantore, winkels of huise.....	136
Uitbreidings aan skole, hostels, kerke, ens.....	6
As gevolg van optrede deur hierdie Afdeling.....	68
Omskakeling na besigheidsperselle.....	28
TOTAAL.....	<u>238</u>

Gedurende die jaar is 23 besigheidsperselle gesloop. Hoewel slopingspermitte vir hierdie persele nie nodig is nie, is daarop aangedring dat sertifikate verkry word dat hierdie geboue knaagdieren ongediertevry is, voordat met die sloping begin is. Soortgelyke sertifikate is ten opsigte van alle ander slopings en omskakelings uitgereik.

Besonderhede van aansoeke om wonings te sloop en omskakelings word in die volgende tabel verstrekk:—

Aansoeke na die Departement van Gemeenskapsbou verwys.

	<i>Getal wonings (5 of minder woonkamers elk)</i>	<i>Getal woon- kamers betrokke</i>	<i>Permitte toegestaan</i>	<i>Permitte geweer</i>	<i>Permitte hangende</i>
Slopings.....	157	628	140	—	17
Omskakelings.....	18	57	18	—	—
TOTAAL.....	<u>175</u>	<u>685</u>	<u>158</u>	<u>—</u>	<u>17</u>

AANSOEKE VIR OORWEGING DEUR DIE STADSRAAD:

	<i>Getal wonings (meer as 5 woonkamers elk)</i>	<i>Getal woon- kamers betrokke</i>	<i>Magtiging verleen</i>	<i>Magtiging geweer</i>	<i>Magtiging hangende</i>
Slopings.....	53	568	41	—	12
Omskakelings.....	10	90	7	—	15
TOTAAL.....	<u>63</u>	<u>658</u>	<u>48</u>	<u>—</u>	<u>27</u>

Die syfers wat in die tabelle hierbo verstrekk is, sluit slegs aansoeke om die sloping van huise in die Blankegebiede en die Asiatebuurt in.

Eiendomme wat deur die Stadsraad verkry word in die bestaande Nieblankegebiede wat tot Blankegebiede geproklameer is, word gesloop ingevolge die bepalinge van die Wet op Groepsgebiede no. 69 van 1955, soos gewysig, en kragtens magtiging wat deur die Minister van Binnelandse sale verleen is. Gedurende die jaar is daar ± 200 huise in die gebiede Lady Selborne en Claremont gesloop. Die totale aantal huise wat reeds in die gebiede gesloop is, is soos volg:—
Lady Selborne/Claremont: 618; Eastwood: 72; Eersterust: 256; Highlands: 61.

STATISTIEK OOR SLUMVOORKOMING EN -OPRUIMINGSWERK:

Besonderhede van slumopruimingswerk wat gedurende die verslagjaar onderneem is, is soos volg:—

<i>Soort inspeksie</i>	<i>Getal persele</i>
Hotelle en losieshuise.....	26
Private wonings.....	2,398
Buitegeboue.....	382
Persele voor en na slopingpermitte toegestaan is geïnspekteer..	499
Persele voor en na omskakelingspermitte toegestaan is geïnspekteer.....	48
Wonings in gebiedsopnames.....	2,067
Klagtes ondersoek.....	427
Herinspeksies van persele.....	1,511
Crèches en kleuterskole.....	146
Ouetehuise.....	22
Diverse inspeksies.....	278
Inspeksies na ure.....	4
	<u>9,035</u>

Besonderhede van optrede na bogemelde inspeksies en ondersoeke is soos volg:—

<i>Kennisgewings bestel:</i>	
Verbod op okkupasie.....	100
Oorbewoning	168
Strukturele herstelwerk en opknappings.....	189
Bad-, was- en kookgeriewe.....	102
TOTAAL.....	<u>559</u>
Mondelinge waarskuwings en advies gegee.....	1,878
Briewe gerig (aanmanings, verlengings, besonderhede van werk vereis, ens.).....	221
Aangeleenthede na ander afdelings verwys.....	63
Onderhoude met lede van die publiek.....	1,164
TOTAAL.....	<u>3,326</u>
Totale getal oortredings waarmee gehandel is.....	2,437
Totale getal kennisgewings en aanseggings waaraan voldoen is...	2,112

KLEUTERSKOLE, CRÉCHES EN OUETEHUISE

Daar is nog 'n ernstige tekort aan inrigtings van hierdie aard met die gevolg dat 'n aantal navrae en aansoeke gedurende die jaar oorweeg is. Die meeste aansoeke wat voorgelê is, was in verband met private woonhuise wat die aanvraers wou ombou en aanpas vir gebruik as ouetehuise of crèches. Daar word groot sorg gedra om te verhoed dat private woonhuise wat nie aan die standaardde voldoen nie, vir sulke doeleindes gebruik word.

Die aard van hierdie geboue gee aanleiding tot talryke moeilikhede by voldoening aan die standaardde wat vir sulke inrigtings bepaal word en sommige aanvraers het, nadat hulle in kennis gestel is van die vereiste standaardde, besluit om nie met hul skemas voort te gaan nie.

Slegs 9 van die 19 inrigtings wat, na bekend is, huisvesting vir bejaardes in Pretoria verskaf, is vir die doel gebou en die origes is gewone wonings wat vir dié doel omgebou en aangepas is.

Weens die gebrek aan ander huisvesting is dit nie moontlik om aan te dring op onmiddellike en volledige nakoming van die vereistes nie. Daar word egter stappe gedoen om te verseker dat die basiese sanitêre geriewe onmiddellik verskaf en daarna in stand gehou word.

Gedurende die laaste helfte van die jaar was dit moontlik om meer aandag te skenk aan die inspeksie van kleuterskole en crèches met besondere klem op die boukundige en sanitêre aspekte.

Soos uit die aangehegte tabel gesien sal word, was daar baie min persele wat in alle opsigte aan die normale standaardde vir inrigtings van hierdie aard voldoen het.

Die samewerking van alle betrokkenes in die opheffing van bestaande standarde is baie be-
moedigend, veral as daar in aanmerking geneem word dat die meeste van hierdie inrigtings op 'n nie-
wingsgewende basis bestuur word en dat baie tyd en energie aan die insameling van fondse vir die
aanbring van verbeterings by die persele bestee moet word.

Besonderhede van kleuterskole en crèches:

	Totaal	Bevredi- gend	Uitstaande vereistes	Nog nie oop nie	Gesluit
Kleuterskole.....	21	3	18	—	—
Crèches (slegs babas).....	3	—	2	—	1
Crèches (babas en 2—6 jaar-ouder- domsgroep).....	5	—	4	—	1
Crèches (2—6 jaar-ouderdomsgroep)..	5	—	3	1	1
Crèches (2—6 jaar-ouderdomsgroep en skoolgaande kinders).....	4	—	4	—	—
Naskoolse sentrums.....	2	—	1	1	—
	40	3	32	2	3

Benaderde getal babas versorg.....	154
Aantal kinders in die ouderdomsgroep 2—6 jaar.....	1,619
Aantal kinders na skool versorg.....	165

VERSLAG DEUR DIE BESTUURDER, AFDELING NIEBLANKESAKE: BEHUISING VAN NIEBLANKES

1. Atteridgeville:

Groot 475 morge en dit word beskou as een van die beste Bantoelokasies in die Republiek. Atteridgeville is in 1939 gestig; R819,724 is bestee aan die oprigting van 1,532 wonings en R494,178 aan die ontwikkeling van die gebiede en die dienste.

Daar is twee-, drie-, vier- en vyfkamerhuise wat ingevolge die nuwe beleid, volgens 'n ekono-
miese grondslag aan die okkupeerders verkoop of verhuur is.

Benewens dienste soos spoelriolering en vullisverwydering is daar 'n uitstekende kliniek wat
deur gekwalifiseerde geneeshere en opgeleide verpleegsters bestuur word.

Die inwoners geniet uitmuntende sportgeriewe en daar word vir die meeste sportsoorte voor-
siening gemaak.

2. Lady Selborne:

Dit is 'n Bantoedorp met eiendomsreg wat die Raad saam met die voormalige Munisipaliteit
Hercules ingelyf het. Die gebied is oorspronklik in 1903 of 1905 aangelê en het uit 1,738 erwe
bestaan. As gevolg van die ontwikkeling en uitbreiding van Pretoria is hierdie erwe in so 'n mate
onderverdeel dat daar tans 1,495 grondbesitters en 'n bevolking van ongeveer 35,000 is.

Lady Selborne is deur die Groepsgebiederaad tot 'n Blankegebied verklaar. Meer as 3,000
gesinne is na die Bantoedorpe Atteridgeville en Mamelodi oorgeplaas. Tot op datum is 742 eien-
domme deur die Raad aangekoop en alle eiendomme wat nie die Raad te koop aangebied word nie,
sal gedurende die jaar onteien word en daar word verwag dat alle inwoners teen die einde van 1966
hervestig sal wees.

Dié gebied is nie gerioleer nie en is ernstig oorbevolk. Daar is 'n aantal stewige wonings tussen
die groot aantal heeltemal onbevredigende hout-en-sinkhuise versprei. Daar is 'n ontspanningsaal,
kliniek en crèche in die gebied, benewens 'n moderne kraaminrigting wat deur die Rooms-Katolieke
Kerk bestuur word.

NUWE SKEMAS:

3. Mamelodi.

Tot dusver is daar 9,820 vierkamerhuise in die gebiede Mamelodi (Vlakfontein)- Wes en
Mamelodi-Oos voltooi.

Daarbenewens is die volgende gebou: 18 skole, 83 winkels, gemeenskapsentrum, biersaal,
poskantoor, administrasiegebou, 4 crèches, kliniek, geneesheer se spreekkamer, skrynwerkers-
winkel, 'n kraaminrigting en 'n polisiekantoor.

'n Sportterrein is aangelê en 'n pawiljoen gebou. Twintig morge grond is vir 'n provinsiale
algemene hospitaal uitgehou.

Die gebied ontwikkel geleidelik en voorkeur word gegee aan elektrisiteitsverskaffing, padbou
en vloedwaterriolering.

Bevolking: 65,804.

4. Atteridgeville/Saulsville:

Tot dusver is 8,244 vierkamerhuise in die Atteridgeville/Saulsvillegebied voltooi.

Benewens 'n biblioteek, polisiekantoor, poskantoor, administrasiegebou, 4 crèches, 'n ont-
spanningsaal, 'n kliniek, 'n begrafnisonderneming en 'n moderne droogskoonmakery, is daar 20
skole en 8 winkels.

Die gebied ontwikkel volgens plan, met die klem op spoelrioolbenetting, elektrisiteit- en waterverskaffingsdienste, padbou en vloedwaterriolering.

5. Enkelkwartiere (tehuis):

(a) Saulsville:

Daar is 399 tehuseenhede vir die huisvesting van 6,400 persone gebou en elektrisiteit word verskaf. Die gebied is gerioleer. Elke eenheid het gemeenskaplike warmwaterstortkrane en kombuisie toegerus met elektriese warmplate as kookgeriewe. Die maandelikse huurgeld is R2-00. Ongeveer 6,400 enkelopende Bantoes word tans daar gehuisves.

(b) Mamelodi:

Twee tehuseenhede vir die huisvesting van 1,824 persone is voltooi. Nog ses eenhede word later gebou.

6. Algemeen:

Die elektriese treindiens na die Atteridgeville/Saulsville- en Mamelodi-gebiede werk doeltreffend.

7. Laudium:

Laudium is die nuwe Asiadedorp. 430 huise is reeds deur die Raad gebou en 36 deur private eienaars. Alle noodsaaklike dienste word verskaf.

Daarbenewens is administrasiekantore, 'n kliniek en vier winkels gebou.

Nog 100 subekonomiese huise sal opgerig word.

8. Kleurlinggebied:

Ingevolge die Wet op Groepsgebiede is 'n gedeelte van die plaas Derdepoort 469 en 'n gedeelte van die bestaande dorpe Eersterust en Despatch, wat ongeveer 800 morge beslaan, tot 'n gebied vir bewoning deur lede van die Kleurlinggemeenskap verklaar.

250 huise is gebou en alle noodsaaklike dienste word verskaf.

'n Aantal gesinne word tydelik gehuisves in wonings wat deur die Raad oorgeneem is, 'n gemeenskapsaal is verskaf en 'n begraafplaas word tans aangelê.

Administrasiekantore, en 'n kliniek, is voltooi en 'n winkelblok en nog 524 subekonomiese huise word in die loop van die jaar gebou.

Hoofstuk X

BEHUISING EN REHABILITASIE VAN BLANKES

1. ALGEMENE BEHUISINGTOESTAND:

Aan die einde van 1964 het die Stadsraad van Pretoria die volgende behuisingskemas besit:

A. Danville:

Skema	Getal huise	Maandelikse huurgeld/paalement	
		Laagste	Hoogste
(a) Sub-ekonomies.....	200	R1.60	R19.45
(b) Ultralaekoste-ekonomies.....	200	R29.85	R31.27
(c) Omgeskakelde ekonomies.....	300	R20.00	R22.00
(d) Laekoste-ekonomies.....	100	R19.00	R35.00
(e) Ekonomies.....	100	R21.64	R40.94
(f) Ekonomies (dubbelverdiepings).....	50	R37.15	R39.90

B. Proclamation Hill:

(a) Sub-ekonomies.....	96	R4.50	R5 95
(b) Omgeskakelde ekonomies.....	103	R20.00	R22

C. Hercules:

(a) Sub-ekonomies.....	57	R2.40	R5.67
(b) Ekonomies.....	57	R25.00	R32.00
(c) Wonings vir bejaardes (sub-ekonomies).....	12	R3.00	
(d) Nasionale Behuisingskema.....	4	± R30.00	

D. Buiteliggende Woongebiede:

(i) Nieu-Muckleneuk:			
(a) Sub-ekonomies.....	23	R3.50	R5.95
(b) Omgeskakelde ekonomies.....	23	R20.00	R22.00
(ii) Villieria:			
(a) Sub-ekonomies.....	4	R5.45	R5.95
(b) Omgeskakelde ekonomies.....	6	R20.00	R22.00
(iii) Rietfontein:			
(a) Sub-ekonomies.....	11	R4.85	R5.95
(b) Omgeskakelde ekonomies.....	9	R20.00	R22.00
(iv) Wonderboomsuid:			
(a) Sub-ekonomies.....	11	R4.85	R5.95
(b) Omgeskakelde ekonomies.....	16	R20.00	R22.00
(v) Mayville:			
(a) Sub-ekonomies.....	3	R4.85	R5.95
(b) Omgeskakelde ekonomies.....	5	R20.00	R22.00
(vi) Pretoria-Wes:			
(a) Sub-ekonomies.....	11	R3.50	R5.95
(b) Omgeskakelde ekonomies.....	3	R20.00	R22.00

Die genoemde omgeskakelde ekonomiese skemas was oorspronklik sub-ekonomiese skemas wat mettertyd in ekonomiese skemas omgeskep en verkoop is.

(vii) Hercules- en Mootgebied:

Ekonomies (voorheen Herculesskemas).....	97	R13.00	R22.00
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(viii) Gebiede Nieu-Muckleneuk en Capital Park

Ekonomies.....	50	± R47.00	
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(ix) Gebiede Danville en Pretoria-Wes (woonstelle):

(a) Danville-woonstelle (Dié is almal tweekamerwoonstelle).....	18	R16.00	R17.00
(b) Pretoria-Wesgebied:			
Groenveld-woonstelle.....	30	R28.00	R37.00

E. Tentoonstellingsterrein:

(a) Sub-ekonomies.....	99	R2.10	R16.45
(b) Wonings vir bejaardes (sub-ekonomies).....	30	R5.50	

L.W.—Die 99 sub-ekonomiese huise by die Skouterrein is met ingang van 1 Julie 1964 van ekonomiese tot sub-ekonomiese huise omgeskep.

F. Sentraal, Goedehoop en Ander Voorstede:

As gevolg van die beplanning van nuwe vryweë en ander padbouwerke, was die Raad verplig om verskeie eiendomme vir hierdie doel aan te koop.

'n Groot aantal eiendomme is reeds hiervoor aangekoop. In sommige gevalle waar die wonings nie ekonomies herstel kan word nie, word hulle gesloop.

Benewens die padbouprogram word algehele herbeplanning van die Goedehoopgebied ook in die vooruitsig gestel.

Die Raad verhuur tans die eiendomme wat aldus verkry is. Hulle sal uiteindelik gesloop word:

		<i>Laagste</i>	<i>Hoogste</i>
(a) Sentraal en ander voorstede.....	215	R28.00	R44.00
(b) Goedehoop.....	60	R12.00	R40.00
(c) Woonstelle—sentrale gebied (Ses blokke woonstelle bestaan uit 76 woonstelle, 78 enkel- en dubbelkamers).....	76	R12.00	R43.00
Maandelikse huurgeld vir enkel- en dubbelkamers..		R8.00	R19.00

G. Claremont, Riverside en Despatch:

Na aanleiding van die herbeplanning ingevolge die bepalings van die Wet op Groepsgebiede, het die Raad 'n groot aantal eiendomme aangekoop en op die oomblik word die volgende getal eenhede verhuur:

(a) Claremont.....	149	R2.00	R36.00
(b) Riverside.....	8	R10.00	R13.00
(c) Despatch.....	6	R14.00	R18.00

H. Vanaf 1 Julie 1964 het die volgende bykomende behuisingskemas ook onder die Stadsraad van Pretoria geressorteer as gevolg van die inlywing van Silverton en Pretoria-Noord by die Groter Pretoriaskema.

(a) Silverton:

(i) *Ekonomiese huise*: 502.

Hierdie huise is almal deur individuele eienaars onder individuele Behuisingsleningskemas opgerig.

Die maandelikse paaielemente wissel van R15.00 tot R27.00, na gelang van die grootte van die huis en die bedrag wat ingevolge die leningskema vereis word.

(ii) *Diverse eiendomme*: 8.

Hierdie huise is vir sekere munisipale skemas aangekoop en word tans verhuur teen huurgelde wat van R5.00 tot R35.00 per maand wissel.

(iii) *Woonstelle*:

Een blok van 57 woonstelle, bekend as die „J. J. Bosmanhuis” bestaande uit twee- en driekamerwoonstelle tesame met 18 garages, wat teen 'n huurgeld van R23.00 tot R34.00 per maand en R2.00 per maand vir die garages verhuur word.

(b) Pretoria-Noord:

Ekonomiese huise: 266.

Soos in die geval van Silverton is hierdie huise ook opgerig ingevolge die individuele Behuisingsleningskema en die maandelikse paaielemente wissel van R17.00 tot R27.00.

2. AANSOEKE ONTVANG OM BEHUISING:

Gedurende die loop van die jaar is 1,257 aansoeke om behuising ontvang. (Dit is 36 minder as in die loop van die jaar geëindig 31 Desember 1963). 'n Groot aantal aansoekers is gehuisves terwyl dié wat nie onmiddellik gehuisves kon word nie, na ander huise getrek het.

Waglyste vir goedgekeurde huurders of kopers kragtens die verskillende skemas word gehou en sodra 'n huis beskikbaar is, word dit aan die persoon wie se naam volgende op die lys verskyn, aangebied.

3. VOORGESTELDE SKEMAS:

'n Skema vir bejaardes, bestaande uit 17 eenhede van drie huisies elk, word tans gebou en behoort voor Junie 1965 vir bewoning beskikbaar te wees.

Die huurgeld is vasgestel op R11.85 per maand, maar dit word oorweeg om die huurgeld te verminder, aangesien dit as te hoog beskou word vir die inkomste van diegene wat gehuisves moet word.

Sub-ekonomiese huise — Danville:

By sy vergadering op 18 Desember 1964 het die Raad besluit dat vertoë tot die Departement van Gemeenskapsbou gerig moet word om goedkeuring te vra vir 'n skema van 93 sub-ekonomiese huise met drie-, vier- en vyfkamers teen maandelikse huurgelde van R13.00, R15.00 en R16.65 onderskeidelik.

Hierdie skema sal begin word sodra die nodige goedkeuring verkry is.

Hoofstuk XI

SUIWEL- EN VEEARTSENYKUNDIGE BEHEER

A. BESONDERHEDE VAN LISENSIES WAT BEHANDEL IS:

	Nuut	Oorgedra	Gestaak	Geweier	Toe- of afname
Produsente.....	95	24	18	1	+72
Produsent-verspreiders.....	—	—	—	—	—
Verspreiders.....	1	6	3	—	—2
Melkwinkels.....	22	12	—	—	+22
TOTAAL.....	118	42	21	1	+97

Gedurende die betrokke tydperk het die aantal melkerye met 97 vermeerder. Die redes vir hierdie vermeerdering is:—

- Die inlywing van 'n aantal buitestedelike dorpe en aangrensende plaasgrond gedurende 1964.
- Die inlywing van die „diere-faktor” in boerderymetodes, veral in die mielie-produiserende gebiede.
- Verhoogde melkverbruik deur 'n steeds groeiende bevolking.
- Ekonomiese stabiliteit wat vir die melkboere deur die Regering geskep is.

B. LIGGING VAN PERSELE

	In Muni- sipale gebied	Binne 10 myl	11-25 myl	26-50 myl	51-75 myl	76-100 myl	101-150 myl	151-200 myl	Verder as 200 myl	Totaal
Produsente.....	10	22	99	104	68	34	118	38	1	494
Produsentverspreiders...	1	1	—	—	—	—	—	—	—	2
Verspreiders.....	118	—	—	—	—	—	—	—	—	118
Melkwinkels.....	366	—	—	—	—	—	—	—	—	366
TOTAAL.....	495	23	99	104	68	34	118	38	1	980

C. VERVOER VAN MELK

Die gewone metode waarvolgens melk van die melkeryplase na die stad vervoer word, is deur middel van spoor- of motorvervoer. Minstens 90 persent van die grootmaatlewering word deur middel van motorvoertuie vervoer en die res per spoor. Uit 'n ekonomiese en higiëniese standpunt laat albei metodes veel te wense oor. Die Suiwelraad is egter besig om stappe te doen om binnekort die voorraad by die groot maat te laat vervoer.

Aflewering van verwerkte melk en melkprodukte binne die stad sowel as in die omliggende buitestedelike gebiede geskied deur middel van oordekte vragmotors, afleweringstietse, driewielmotors, elektriese melkkarretjies en spesiaal vervaardigde kragtietse en bromponies. Verspreiders probeer om aflewering met 'n minimum vertraging te laat geskied om aan die vereistes te voldoen.

Gedurende die jaar het al die verspreiders van melk en melkprodukte ingestem tot 'n stelsel van indeling waarvolgens elkeen slegs in 'n sekere bepaalde gebied melk kon versprei. Hoewel hierdie stelsel 'n sekere mate van verwarring en ontevredenheid onder die verbruikerspubliek tot gevolg gehad het, kan daar nou verklaar word dat die stelsel uit 'n ekonomiese, higiëniese en beheeroogpunt baie geslaagd was.

D. PRODUKSIE EN VERBRUIK VAN MELK EN ROOM:

- Produksie:** Die totale hoeveelheid melk wat gedurende die jaar geproduseer is, was 372,816 gellings, wat 'n gemiddelde daaglikse produksie van 30,784 gellings van produsente en 284 gellings van „gesertifiseerde rou melk”-produsente gelewer het. Laasgenoemde was ook verantwoordelik vir die gemiddelde daaglikse produksie van 12 gellings „gesertifiseerde rou room.” Bogenoemde hoeveelheid melk is verkry van ongeveer 20,958 koeie in melk, terwyl 'n reserwe van ongeveer 11,392 koeie vir doeleindes van aanvulling aangehou word.
- Verbruik:** Soos in die vorige jaar het die gemiddelde daaglikse produksie die gemiddelde daaglikse verbruik oorskry. Derhalwe word 'n sekere hoeveelheid melk as „surplusmelk” beskou en dit word verwerk in ander produkte soos botter, gekondenseerde melk en poiermelk. Die gemiddelde daaglikse produksie van surplusmelk het 4,730 gellings beloop. Behalwe die melk wat as „gesertifiseerde rou melk” geproduseer word, word al die melk voor verbruik gepasteuriseer. Die gemiddelde daaglikse verbruik van gepasteuriseerde melk was 25,770 gellings, wat 1,137 gellings meer is as die gemiddelde daaglikse verbruik gedurende die vorige jaar.

E. AFKEURING VAN MELK:

'n Beraamde hoeveelheid van 16,000 gellings is gedurende die verslagtydperk afgekeur weens suurwording, ondrinkbaarheid, minderwaardige gehalte, besmetting, ens.

F. PERSONEEL WAT IN DIE MELKHANDEL IN DIENS IS:

	<i>Blankes</i>	<i>Nieblankes</i>	<i>Totaal</i>
Produsente.....	560	2,312	2,872
Produsent-verspreiders.....	3	14	17
Verspreiders.....	196	624	820
TOTAAL.....	759	2,950	3,709

G. TIFOÏDETOETSING VAN MELKERYPERSONEEL:

	<i>Totaal</i>	<i>Negatief</i>	<i>Positief</i>
Blankes.....	29	29	—
Nieblankes.....	231	202	29
TOTAAL.....	260	231	29

Bostaande syfers dui aan dat slegs 'n baie klein persentasie (7%) van die totale aantal van die personeel wat in die melkeryhandel in diens is, getoets is. Dit is betreurenswaardig maar die toestand kan egter nie verbeter word nie weens die lang afstande van melkeryplase van die stad en die gedurige verandering van werknemers, veral Nieblankes. Die werknemers wat getoets is, was meestal dié van produsent-verspreiders en verspreiders binne die stad. Gedurende die afgelope 20 jaar of meer was daar geen tifoïde-epidemies wat deur melk versprei is nie.

H. INSPEKSIES:

Gereelde inspeksies van alle melkpersele is deur die inspeksiepersoneel, bestaande uit twee Veeartse en vier gekwalifiseerde Gesondheidsinspekteurs, uitgevoer. Ander lede van die gesondheidsinspeksiepersoneel het ook hulp verleen in verband met inspeksies van melkwinkels en verspreidingsdepots binne die Stad. Daar kan derhalwe vermeld word dat die produksie, hantering, verwerking en verspreiding van al die melk baie goed beheer word en dat die toesigmaatreëls ook baie goed is.

Die vernaamste doel en oogmerk van inspeksies is om produsente, produsent-verspreiders, verspreiders en alle persone wat melk hanteer, by te staan, raad te gee en op te voed ten opsigte van die produksie, hantering en aanwend van skoon, veilige en heilsame melk. Die belangrikste aangeleenthede wat bespreek en beklemtoon is, is:—

- (a) Produksie en vervoer van melk.
- (b) Skoonmaak en sterilisering van melkerytoerusting.
- (c) Bou van melkeryperseel.
- (d) Verwerking, verspreiding, verbruik en voeding.
- (e) Algemene beginsels van higiëne in die melkhandel.
- (f) Veebeheer en -siektes (Soönose).
- (g) Skeikundige en bakteriologiese ondersoek van melk.

Behalwe bogenoemde help lede van die inspeksiepersoneel Staatsdepartemente soms met die voorbereiding van spesifikasies en standaarde en dien hulle ook in gesamentlike komitees van verskeie plaaslike owerhede oor aangeleenthede met betrekking tot melk en melkprodukte. 'n Baie belangrike aspek van die bykomende pligte van die inspeksiepersoneel is die opleiding van studente in die verskillende seksies van openbare gesondheid.

Besonderhede van inspeksies wat uitgevoer is, is soos volg:—

1. Inspeksie van melkerye (plase).

(a) Gedurende melktye.....	345
(b) Ander tyte.....	2,256
Oortredings waarmee gehandel is.....	904

2. Inspeksies van melkdepots

(a) Vroeg in die môre.....	33
(b) Gedurende die dag.....	370
Oortredings waarmee gehandel is.....	83

3. Inspeksie van verspreiding (op straat, melkwinkels, ens.)

(a) Vroeg in die môre.....	141
(b) Gedurende die dag.....	71
Oortredings waarmee gehandel is.....	15

4. Ander inspeksies en navrae..... 144

5. Klagtes (openbare) waarmee gehandel is..... 49

6. Skriftelike kennisgewings bestel..... 30

7. Kudde-inspeksies deur veeartse:

Hierdie inspeksies is gedurende werklike melktye uitgevoer. Die kuddes word veral ondersoek vir die aanwesigheid van siektes wat die gehalte en veiligheid van die melk nadelig kan

beïnvloed. (Erosian-siektes en Soönose). Aan boere word raad gegee oor aangeleenthede soos die behandeling, voorkoming en beheer van veiesiektes, veebeheer, kunsmatige bevrugting, behandeling en beheer van parasitiese besmetting, ens.

Gedurende die verslagtydperk is daar 431 inspeksies van kuddes uitgevoer, waarvan sommige meer as een keer geïnspekteer is. Behalwe gebreksiektes, wanvoeding, onvrugbaarheid en parasitiese infestasië, is die algemeenste siektes wat aangetref is babesiose, anaplasmose, bruselose, tuberkulose, paratifoïde, kalfdifterie, vrotpootjie, kalfpneumonie, knopvelsiekte, drie-daagse styfsiekte en koeipokkies. Plant- en chemiese vergiftiging het ernstige verliese op sommige plase veroorsaak.

Gedurende die laaste helfte van die verslagtydperk is 'n mastitisopname in samewerking met beamptes van die Departement van Landbou-tegniese Dienste uitgevoer ten einde vas te stel in watter mate mastitis in melkerykuddes voorkom. Vyftig kuddes is vir hierdie doel uitgekies en elke koei in elke kudde is vir die aanwesigheid van mastitis ondersoek. Melkmonsters is geneem van elke positiewe reaktor en hulle is onderwerp aan bakteriologiese ondersoek en identifikasie van die verskillende veroorsakende organismes. Die resultate is nog nie beskikbaar nie, maar voorlopige resultate het getoon dat die stafilokokkus-organisme by verre die belangrikste oorsaak van mastitis in melkerykuddes is. Die veeartse bygestaan deur die inspekteurs en laboratoriumassistent is ook verantwoordelik vir die meeste van die laboratoriumwerk in verband met melk bv. skeikundige, fisiese, bakteriologiese, serologiese en biologiese toetsing, waarvan die resultate hieronder in tabelvorm voorkom:—

1. MELKTOETSE:

(a) Resazurintoets:

(i) <i>Rou melk</i> : (van produsente)	
Getal monsters getoets.....	9,845
Getal bevredigende monsters.....	6,810
Getal redelike monsters.....	2,171
Getal onbevredigende monsters.....	864
(ii) <i>Gesertifiseerde rou melk</i> :	
Getal monsters getoets.....	751
Getal monsters bevredigend.....	741
Getal monsters redelik.....	10
Getal monsters swak.....	0
(iii) <i>Gepasteuriseerde melk</i> :	
Getal monsters getoets.....	3,313
Getal goeie monsters.....	3,236
Getal redelike monsters.....	43
Getal onbevredigende monsters.....	34

(b) Vermoedelike coliformtoetse:

(i) <i>Gepasteuriseerde melk</i> :	
Getal monsters getoets.....	2,601
Getal positiewe monsters.....	383
Getal negatiewe monsters.....	2,218
(ii) <i>Gesertifiseerde rou melk</i> :	
Getal monsters getoets.....	529
Getal positiewe monsters.....	186
Getal negatiewe monsters.....	343

(c) Mastitistoetse:

Getal monsters getoets.....	442	
Getal positiewe monsters.....	151	(33%)
Getal negatiewe monsters.....	291	

(d) Toets vir neerslag op skyf van sigbare vuil:

Getal monsters geneem.....	451
Getal bevredigende monsters.....	311
Getal onbevredigende monsters.....	140
Aanmanings uitgereik.....	138
Vervolgings.....	2

(e) Fosfatasetoets (gepasteuriseerde melk):

Getal monsters getoets.....	3,077
Almal is doeltreffend gepasteuriseer.	

(f) Plaattellings en *E. coli* (Groep 1) -toetse:

(Gedoen ingevolge die Melkeryverordeninge van die Stadsraad van Pretoria wat 'n standaard van hoogstens 200,000 mikro-organismes per milliliter en geen *E. coli* (groep 1) in 0.01 milliliter rou melk en hoogstens 100,000 mikro-organismes per milliliter en *E. coli* (groep 1) in 1 milliliter gepasteuriseerde melk vereis.):

Getal monsters getoets.....	226
Getal wat aan wetlike standarde voldoen.....	82
Getal wat te veel mikro-organismes bevat.....	62
Getal wat te veel E. coli bevat.....	8
Getal wat te veel mikro-organismes en E. coli bevat.....	74
Getal waarskuwings uitgereik.....	144
Vervolgings.....	—

(g) **Skeikundige ontleding. (Monsters ingevolge die Wet op Voedingsmiddels, Medisyne en Ontsmettingsmiddels (1929), soos gewysig, geneem.)**

Getal monsters ontleed.....	877
Getal bevredigende monsters.....	391
Getal onbevredigende monsters.....	486
(i) Onvoldoende melkviet.....	35
(ii) Onvoldoende vaste melkstowwe (vet uitgesluit).....	417
(iii) Water bygevoeg.....	33
(iv) Preserveermiddels bevattende (formalien).....	1
Getal vervolgings.....	35

(h) **Antibiotiese raming (slegs penisillien):**

Getal monsters geneem.....	546
Getal negatiewe monsters.....	532
Getal positiewe monsters.....	14
(Die resultate is verkry met behulp van die trifeniel-tetrasool-chloriedtoets.)	

(i) **Ander toetse wat uitgevoer is:**

(i) Brusellose: Altesame 244 koeie is aan die serum-agglutinasietoets onderwerp en almal is negatief bevind. Hierdie koeie behoort almal aan produsente wat 'n permit het vir die produksie van gesertifiseerde rou melk en room.

(ii) Beestuberkulose: Die volgende syfers weerspieël die resultate van die binnehuidse tuberkulientoets wat op kuddes wat aan Pretoria melk lewer, uitgevoer is:

Getal diere getoets.....	1,735
Getal diere negatief.....	1,515
Getal diere positief.....	186
Getal diere verdag.....	34

Onder die koeie wat 'n negatiewe toets gegee het, is 244 wat aan produsente behoort wat gesertifiseerde rou melk en room verskaf.

(j) **Vervolgings:** Gedurende die verslagtydperk is oortredings ingevolge die Wet op Voedingsmiddels, Medisyne en Ontsmettingsmiddels en die Melkeryverordeninge vir ondergenoemde misdrywe behandel:—

Bygevoegde water.....	33
Preserveermiddels (formalien) in melk.....	1
Gebrek aan melkviet.....	1
Sigbare vuil.....	2
TOTAAL.....	<u>37</u>

Behalwe sewe vervolgings wat om tegniese en geregtelike verwickelinge teruggetrek moes word, is al die ander tot verskillende boetes gevonniss: Boetes en skulderkennings het R464 bedra. Die toenemende aantal gevalle waar „water bygevoeg” is, wat in die verslagtydperk aangetref is, het ons 'n sekere mate van kommer besorg. Die mening was dus dat dringende en drastiese stappe gedoen moes word om hierdie wanpraktyk te keer deur alle produsente en produsent-verspreiders te verplig om hul melkkanne op doeltreffende wyse te verseël, soos bepaal word in die Wet op Voedingsmiddels, Medisyne en Ontsmettingsmiddels. Sedert die toepassing van die betrokke vereistes gedurende die laaste helfte van 1964 is daar geen verdere gevalle van melkverdunding aangetref nie.

Daar sal opgemerk word dat, behalwe in een geval, geen vervolgings ingestel is teen produsente wat melk gelever het wat te min melkviet of te min vaste melkstowwe (uitgesonderd vet) bevat het nie. Dit kan hoofsaaklik aan die volgende redes toegeskryf word:—

(a) Die tekorte (veral melkviet) was maar baie gering en in die meeste gevalle nie meer as 0.2 % nie.

(b) Die land is geteister deur 'n langdurige en ernstige droogte wat die produksie en samestelling van die melk nadelig beïnvloed het. Nogtans is produsente gewaarsku en gevra om aandag daaraan te verleen. In die meeste gevalle is goeie resultate verkry nadat die rantsoene van melk-koeie verbeter is.

MUNISIPALE SKUTTE:

1. AANTAL DIERE GESKUT:

A. *Herculesskut*:

Perde.....	140
Muile.....	74
Donkies.....	24
Vee.....	38
Skape en bokke.....	4
Varke.....	—
Honde.....	—
Ander diere.....	—
	280

B. *Silvertonskut*:

Perde.....	11
Muile.....	10
Donkies.....	24
Vee.....	35
Skape en bokke.....	41
Varke.....	—
Honde.....	—
Ander diere.....	—
	121

2. SKUTGELDE INGEVORDER:

Herculesskut.....	R230.70
Silvertonskut.....	R191.40
	R422.10

3. GELDE VAN SKUTVERKOPINGS INGEVORDER:

Herculesskut.....	R21.84
Silvertonskut.....	R219.90
	R241.74

4. ALGEMEEN:

Die skutte is onder regstreekse toesig van die Raad se Veeartsenykundige Beamptes. 'n Skutmeester is in beheer van elke skut vir die ontvangs, sorg en vrylating van geskutte diere. Diere wat nie opgeëis word na 'n bepaalde tydperk nie, word gewoonlik by 'n openbare skutveiling verkoop.

Met die inlywing van sekere gebiede binne die munisipale gebied van Pretoria gedurende die laaste helfte van 1964, is 'n skut (geleë te Silverton) ook oorgeneem. Weens die gedurige klagtes van inwoners in die suidoostelike deel van die ingelyfde gebied, het die Raad ingestem om 'n derde skut binne sy regsgebied in te stel. Die nodige geboue sal in die volgende jaar opgerig word.

Hoofstuk XII

WATERTOEOVOER

Soos voorheen vermeld, het die aanvraag na water elke jaar geweldig toegeneem, soos onderstaande tabel aandui:—

	<i>m.g.d.</i>
1929—1930.....	4.2
1934—1935.....	7.4
1939—1940.....	8.78
1945—1946.....	13.8
1946—1947.....	14.2
1947—1948.....	14.52
1948—1949.....	15.254
1949—1950.....	15.963
1950—1951.....	16.973
1951—1952.....	17.766
1952—1953.....	17.921
1953—1954.....	18.065
1954—1955.....	18.689
1955—1956.....	20.821
1956—1957.....	21.533
1957—1958.....	23.008
1958—1959.....	25.339
1959—1960.....	27.994
1960—1961.....	29.004
1961—1962.....	29.807
1962—1963.....	30.790
1963—1964.....	32.738

Die water is uit vyf bronne afkomstig; drie dolomietfonteine lewer regstreeks 'n gedeelte en Rietvlei en die Randwaterraad verskaf die res. Gedurende die verslagtydperk is die volgende hoeveelhede water uit hierdie bronne verkry:—

Randwaterraad.....	9,300,615
Fonteinedalfonteine.....	1,237,449
Sterkfonteinfonteine.....	462,490
Rietvlei- en Erasmusfonteine.....	602,459
Rietvleifiltreerinstallasie.....	398,064

Die volgende hoeveelhede vuilgoed, ensovoorts, is verwyder:—

	<i>Januarie— Desember 1964</i>
Asblikdiens.....	351,091
Spesiale en koepondiens.....	31,167
Nagemmerdiens.....	2,826,756
Suigtenkdiens.....	13,952,000

Hoofstuk XIII

RIOOLWATERSUIWERINGSWERKE EN SKEIKUNDIGE
LABORATORIUMS : 1964

RIOOLWATERAFVOER:

Hier volg die maandelikse rioolwaterafvoer- en reënvalsyfers oor die jaar:—

	Daspoort-Rioolwaterwerke		Rooiwal-Rioolwaterwerke	
	Daaglikse gemiddelde afvoer Gelling	Reënval Millimeter	Daaglikse gemiddelde afvoer Gelling	Reënval Millimeter
Januarie.....	8,538,000	130.6	5,483,000	151.3
Februarie.....	8,542,000	66.7	5,172,000	47.6
Maart.....	7,814,000	54.3	5,168,000	30.7
April.....	7,436,000	23.5	4,908,000	23.9
Mei.....	7,068,000	5.8	4,924,000	3.0
Junie.....	6,803,000	5.0	5,065,000	0.0
Julie.....	6,757,000	0.0	4,827,000	0.0
Augustus.....	7,066,000	0.0	5,115,000	0.0
September.....	6,558,000	13.4	6,054,000	13.2
Oktober.....	7,368,000	149.0	6,407,000	199.1
November.....	6,865,000	16.6	6,095,000	23.4
Desember.....	7,149,000	187.5	6,654,000	280.0
Jaar 1964.....	7,330,000	652.4	5,489,000	772.2

Die daaglikse gemiddelde syfer vir die rioolwater wat by die twee suiweringswerke behandel is, het $12\frac{3}{4}$ miljoen gelling beloop, 'n afname van $\frac{1}{4}$ miljoen gelling vergeleke met 1963 en $1\frac{1}{4}$ miljoen meer as 1960.

RIOOLWATERWERKE

DASPOORT.

VODDE EN GRINT:

644 kubieke jaart vodde en 329 kubieke jaart sand en grint is gedurende die jaar uit die rioolwater verwyder. Dit verteenwoordig 'n gemiddelde van 6.5 kubieke voet vodde en 3.3 kubieke voet sand en grint per miljoen gelling rioolwater.

VERTEERDE SLYK:

Gedurende die jaar is 7,400 kubieke jaart gedroogde verteerde slyk van die oostelike en 5,486 kubieke jaart van die westelike droogbeddings verwyder, dus 'n totaal van 12,886 kubieke jaart.

UITVLOEISEL NA PRETORIA-WES-KRAGSENTRALE:

'n Totaal van 1,274 miljoen gelling sandgefiltreerde en gechlloreerde uitvloeisel is op 365 dae na die Pretoria-Wes-kragentrale gepomp en dit is 'n daaglikse gemiddelde van 3.5 miljoen gelling.

Die resultate van ontledings verskyn in Tabel I.

ROOIWAL.

VODDE EN GRINT:

316 kubieke jaart vodde en 435 kubieke jaart sand en grint is gedurende die jaar uit die rioolwater verwyder. Dit verteenwoordig 5.1 kubieke voet vodde en 5.8 kubieke voet sand en grint per miljoen gelling rioolwater.

VERTEERDE SLYK:

Alle verteerde slyk word op ongeveer 30 morges grond besproei en ingeploeg.

UITVLOEISEL NA ROOIWALKRAGSENTRALE:

Na chlorering vloei rypingsdamuitvloeisel na die kragentrale waar dit vir verkoelingswater gebruik word. 'n Beraamde 404 miljoen gelling uitvloeisel is gedurende die jaar gebruik.

Die resultate van ontledings verskyn in Tabel II.

POPULIERPLANTASIES:

Die volgende is die posisie ten opsigte van die plantasies wat op ongeveer 380 acres groei:

Getal bome geplant.....	206,000
Bome uitgedun.....	8,000
Ongeskikte kolle.....	4,000
Totale aantal groeiende bome.....	194,000

LABORATORIUMDIENSTE:

Gedurende die jaar is 5,874 monsters vir verskillende munisipale afdelings ontleed.

ONTLEDING VAN RIOOL- RIVIER - EN DAMWATER:

Verteenwoordigende monsters rioolwater en slyk asook rivier- en damwater is gereeld elke maand gedurende die jaar ontleed, sommige bakteriologies sowel as chemies ten einde doeltreffende werking van die behandelingseenhede te verseker en enige besoedeling of veranderde toestande in die riviere en damme agter te kom.

Resultate van ontledings verskyn in Tabela I en II.

SKEIKUNDIGE PERSONEEL OP 31.12.1964:

N. P. Nicolle, B.Sc., L.S.A. Chem. I., L. Inst. R.....	Hoofskeikundige.
H. M. Murray, B.Sc., (Toeg. en Nywerheidskeikunde) L.S.A. Chem. I., A. L. Inst. R.....	Asst.-hoofskeikundige.
H. P. Oosthuizen, B.Sc.....	Skeikundige.
H. H. E. Schröder, B.Sc. Hons., B.Sc. U.E.D., A.M. S.A. Chem. I.....	Skeikundige.
E. A. Gerke, B.Sc.....	Skeikundige.
A. J. Louw.....	Laboratoriumassistent.
A. P. Erasmus.....	Laboratoriumassistent.
H. D. Botha.....	Laboratoriumassistent.
Mev. J. D. Venter.....	Tikster/Klerk.

TABEL II.

GEMIDDELDE RESULTATE VIR RYPINGS DAMME, ROOIWAL, 1964.

Die resultate van ontledings is in dele per miljoen.

	Dam- invloei	Dam 1	Dam 2	Dam 3	Dam 4	Dam- uitvloei
Opgeloste vaste stowwe.....	565	515	500	485	480	470
Drywende stowwe.....	37	37	31	23	29	17
Chloride as Cl.....	84	77	76	77	79	77
pH.....	7.7	7.9	8.0	8.0	8.1	8.0
Ammoniak as N.....	26	20	20	18	16	14
Nitriet as N.....	1.0	0.8	0.7	0.7	0.6	0.6
Nitraat as N.....	19	17	14	11	9	9
Skeikundige Suurstofbehoefte....	135	94	80	66	61	68
4-uurse suurstofopname.....	14.4	12.3	10.9	9.5	9.9	9.7
5-daagse biochemiese suurstofaan- vraag.....	23.0	12.9	9.2	7.5	8.1	7.4
Fosfaat as PO ₄	—	53	52	51	48	46
Anioniese reinigingsmiddels.....	10.2	—	—	—	—	5.0

Gemiddelde stroom van uitvloei gedurende die jaar was 2.26 miljoen gelling per dag.
Bakteriologiese resultate: M.W.G. per 1 ml.

	<i>E. coli.</i> Tipe I.	<i>E. coli.</i> Tipe II.	Fekale <i>Streptokokke.</i>
Invloei.....	440,000	13,000	350
Uitvloei.....	1,060	60	6

TABEL III

GEMIDDELDE RESULTATE VAN SLYKONTLEDING.

	Daspoort		Rooiwal	
	Onbehandelde slyk	Verteerde slyk	Onbehandelde slyk	Verteerde slyk
Daelikse gemiddelde volume gepomp— gelling.....	59,000	—	60,000	—
pH.....	5.8	6.8	5.6	7.1
Vaste stowwe %.....	5.5	7.3	7.0	8.5
As % van vaste stowwe.....	23	37	24	44
Vlugtige sure d.p.m.....	1,500	400	2,260	560
Ammoniak as N. d.p.m.....	220	485	420	920
Alkaligehalte (as CaCO ₃ d.p.m.).....	1,300	2,380	1,530	4,260

TABEL I.
GEMIDDELDE RESULTATE VAN ONTLEDING VAN RIOOLUITVLOEISEL BY VERSKILLEND E EENHEDE.

Resultate is in dele per miljoen.
Syfers tussen hakies verteenwoordig onderskeidelik die hoogste en laagste waardes vir die jaar.

EENHEDE	DASPOORT						ROOIWAL	
	1-4 6 vt. biofilters enkele filtrasie	5 & 6 12 vt. biofilters dubbele filtrasie	7 & 8 6 vt. biofilters enkele filtrasie	9 5 vt. Jenks biofilter 2:1 hersirkulasie	Sandfilters Vinnige val	12 vt. biofilters enkele filtrasie		
Gemiddelde daaglikse vloei — miljoen gelling.....	2.3	2.6	1.6	1.1	3.5	3.7		
4 uur se suurstofabsorbering.....	10.2 (14.9)	12.4 (16.5)	11.0 (16.8)	16.0 (22.5)	9.4 (11.5)	14.4 (17.0)		
5 dae se B.S.D.....	14 (20)	15 (25)	17 (38)	37 (66)	89 (11)	23 (34)		
Chemiese suurstofbehoefte.....	85 (160)	105 (130)	90 (155)	160 (235)	77 (145)	135 (270)		
Ammoniak as N.....	11 (17)	12 (23)	13 (32)	24 (46)	11 (20)	26 (40)		
Nitraat as N.....	18 (21)	23 (30)	13 (27)	2 (7.5)	18 (24)	19 (26)		
Totale opgeloste vaste stowwe (gedroog op 105°C).....	460 (505)	515 (600)	560 (940)	560 (810)	530 (585)	565 (685)		
Swewende vaste stowwe.....	23 (47)	28 (44)	33 (50)	53 (80)	8 (15)	37 (52)		
Sintetiese reinigers (Anionies).....	4.6 (7.6)	8.0 (11.3)	4.3 (6.9)	6.6 (10.8)	4.2 (5.7)	10.2 (18.3)		

Hoofstuk XIV

GENEESKUNDIGE DIENSTE VIR NIEBLANKES

GENEESKUNDIGE DIENSTE VIR NIEBLANKES:

Kliniese dienste.

Die tabel hieronder dui die aantal en die tipes klinieke aan wat elke week uitsluitlik vir Nieblankes in die stad en die Bantoedorpe gehou word:—

	Atteridgeville	Kampong	Mamelodi	Kliniek vir spesiale siektes	Lady Selborne
Kindersorgklinieke.....	2	2	2	—	—
Klinieke vir veneriese siektes	1	—	1	4	—
Voor- en nageboortelike klinieke.....	1	2	1	—	—
Tuberkuloseklinieke.....	1	1	1	—	1
Algemene buitepasiëntklinieke.....	2	—	2	—	—

Verdere besonderhede aangaande kindersorg-, veneriese siektes-, tuberkulose-, voorgeboortelike en nageboortelike klinieke verskyn in 'n ander deel van hierdie verslag.

KLINIESE OPGAWES:

	Kampong	Atteridgeville	Mamelodi	Saulsville	Totaal
Getal nuwe pasiënte.....	—	6,922	8,440	6,130	21,492
Getal herbesoeke.....	—	11,910	13,585	16,114	41,609
Getal verbande aangebring..	3,218	12,986	11,738	12,738	40,680

Benewens die bostaande word buitepasiëntklinieke vir Nieblanke munisipale werknemers elke oggend behalwe op Sondae en openbare vakansiedae gehou. In die loop van die jaar is 4,103 siek werknemers behandel en is 1,759 werknemers wat beserings opgedoen het, medies ondersoek en behandel.

TABEL 1.
GEBOORTES (ALLE RASSE) GEDURENDE DIE JAAR GEËINDIG 31 DESEMBER 1964.

	Blankes				Bantoes				Asiate				Kleurlinge			
	Egtelike		Buite-egtelike		Egtelike		Buite-egtelike		Egtelike		Buite-egtelike		Egtelike		Buite-egtelike	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Januarie...	160	147	1	5	72	83	42	32	8	13	—	—	10	7	1	2
Februarie.	115	100	3	2	203	182	135	130	4	5	—	—	5	4	1	—
Maart.....	232	218	3	8	205	188	134	144	6	1	—	—	—	2	—	—
April.....	213	197	1	3	116	123	80	64	6	3	—	—	7	9	—	1
Mei.....	205	162	1	—	255	295	188	222	11	6	1	—	3	2	—	3
Junie.....	157	163	4	4	133	169	105	132	7	7	1	—	6	5	—	2
Julie.....	187	179	4	3	151	151	88	84	8	8	—	—	6	3	—	—
Augustus..	158	138	5	4	267	247	201	184	8	9	—	—	6	1	2	2
September	161	143	4	1	141	157	116	121	5	8	—	—	6	4	—	—
Oktober...	238	198	5	4	135	194	92	86	6	9	—	—	4	8	1	1
November	202	201	1	3	162	165	90	80	11	12	—	—	7	8	2	—
Desember.	189	174	2	2	89	89	44	34	7	9	1	—	6	3	1	1
TOTALE..	2,217	2,020	34	39	1,929	2,043	1,315	1,313	87	90	3	—	66	56	8	12

Hoofstuk XV

DOODGEBORENES
(PLAASLIKE INWONERS)

GEBOORTES
ONDER NIE-INWONERS

	Blankes		Nieblankes		Blankes		Nieblankes	
	M		M		M		M	
	V	V	V	V	V	V	V	V
Januarie.....	1	3	4	5	104	101	23	16
Februarie.....	1	2	5	18	69	88	69	66
Maart.....	8	1	15	11	111	135	66	52
April.....	4	1	9	6	125	110	27	30
Mei.....	—	2	8	12	107	112	210	95
Junie.....	—	—	4	8	103	102	93	50
Julie.....	—	3	6	8	75	76	43	37
Augustus.....	2	—	12	14	40	37	93	75
September.....	2	2	10	4	47	36	40	46
Oktober.....	6	1	8	13	59	51	64	75
November.....	2	1	10	9	56	53	35	37
Desember.....	1	2	3	4	38	54	24	15
TOTALE.....	27	18	94	112	934	955	787	594

TABEL 2.

STERFTE VAN KINDERS ONDER DIE OUDERDOM VAN 5 JAAR, VIR DIE JAAR GEËINDIG 31 DESEMBER 1964.

BLANKES	24 uur en jon- ger		24 uur tot 1 week		Een week tot on- der 1 maand		Een tot onder 3 mnde.		Drie tot onder 6 mnde.		6 mnde tot onder 12 mnde.		Totale suige- ling sterfte		Een tot onder 2 jaar		Twee tot onder 3 jaar		Drie tot onder 4 jaar		Vier tot onder 5 jaar		Totale sterfte onder 5 jaar	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Meningitis.....	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—
Bloedvergiftiging.....	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Bloedarmoede.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Akute hartspierontsteking.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Akute brongitis.....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Bronchopneumonie.....	—	—	—	—	—	1	2	2	2	1	—	—	7	5	1	2	2	1	—	—	—	—	11	8
Diarree en enteritis.....	—	—	—	—	—	—	2	1	2	3	2	1	6	5	—	3	1	—	—	—	1	—	7	8
Aangebore misvorming.....	1	1	—	—	—	—	4	3	1	1	—	—	9	6	—	—	—	—	—	—	—	—	9	6
Voortydige geboorte.....	3	4	23	10	4	1	—	—	2	—	—	—	32	15	—	—	—	—	—	—	—	—	32	15
Besering by geboorte.....	2	—	3	5	—	—	1	—	—	—	—	—	6	5	—	—	—	—	—	—	—	—	6	5
Atelektase.....	1	2	8	7	—	—	—	—	—	—	—	—	9	9	—	—	—	—	—	—	—	—	9	9
Ander siektes (1ste jaar).....	—	—	1	1	2	—	1	—	1	1	—	—	5	2	—	—	—	—	—	—	—	—	5	2
Ander ongelukke.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	1
Ander onbekende oorsake.....	1	—	1	—	—	—	—	2	2	1	—	—	4	3	—	1	—	—	—	—	—	—	4	4
TOTAAL.....	8	7	42	25	6	3	10	8	10	7	3	2	79	52	4	6	3	2	—	1	1	—	87	61

TABEL 3.

STERFTES VAN KINDERS ONDER DIE OUDERDOM VAN 5 JAAR, VIR DIE JAAR GEËINDIG 31 DESEMBER 1964.

BANTOES

	24 uur en jon- ger		24 uur tot 1 week		Een week tot on- der 1 maand		Een tot onder 3 mnde.		Drie tot onder 6 mnde.		6 mnde tot onder 12 mnde.		Totale suige- ling sterfte		Een tot onder 2 jaar		Twee tot onder 3 jaar		Drie tot onder 4 jaar		Vier tot onder 5 jaar		Totale sterfte onder 5 jaar	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Tuberkulose — asemhalingstelsel.....	—	—	—	—	—	—	—	1	1	—	1	2	1	1	1	1	—	—	—	—	—	—	3	2
Tuberkulose — sentrale senustelsel.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Aangebore sifilis.....	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bloedvergiftiging.....	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2
Difterie.....	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	2
Kinkhoes.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Kaakklem.....	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Masels.....	—	—	—	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Wanvoeding.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pellagra.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Serebrale embolie.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brein — abses.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hartspierwsvakking.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lobere pneumonie.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchopneumonie.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brongitis.....	—	—	7	2	2	3	20	23	20	21	31	28	80	77	46	49	17	12	8	6	4	7	155	151
Akute sinusontsteking.....	—	—	—	—	1	—	1	—	1	—	3	1	5	2	1	5	1	1	—	—	—	—	7	8
Akute strottehoofontsteking.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Longkwaal.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dermverstopping.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Maagdermontsteking.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lewerkwaal.....	—	—	2	—	5	2	24	8	19	20	43	22	93	52	52	45	16	11	2	5	3	1	166	114
Nierontsteking.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aangebore misvorming.....	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Besering by geboorte.....	3	3	8	2	1	5	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Atelektase.....	6	3	8	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Besmetting.....	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bloedingskwaal.....	—	—	2	3	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Voortydigheid.....	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Onbepaalde oorsake.....	8	11	46	35	5	2	5	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ongevalleke:	—	1	10	5	3	2	5	9	6	7	14	7	38	31	12	20	8	8	—	4	1	—	—	—
Motorikar.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gif.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Brand.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Verdrinking.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAAL.....	18	18	86	51	22	19	63	55	52	51	102	68	343	262	131	142	56	49	17	18	12	11	559	482

TABEL 3.
STERFTES VAN KINDERS ONDER DIE OUDERDOM VAN 5 JAAR, VIR DIE JAAR GEËINDIG 31 DESMBER 1964.

ASLATE	24 uur en jon-ger		24 uur tot 1 week		Een week tot on-der 1 maand		Een tot onder 3 mn-de.		Drie tot onder 6 mn-de.		6 mn-de tot onder 12 mn-de.		Totale suige-ling sterfte		Een tot onder 2 jaar		Twee tot onder 3 jaar		Drie tot onder 4 jaar		Vier tot onder 5 jaar		Totale sterfte onder 5 jaar	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Wanvoeding.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Bronchopneumonie.....	—	—	—	—	—	—	—	—	—	—	1	1	1	2	—	—	—	—	1	—	—	—	2	2
Maagdermontsteking.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	1
Besering by Geboorte.....	—	—	—	1	—	—	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Voortydige geboorte.....	1	—	4	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	5	—
TOTAAL.....	1	—	4	1	—	1	1	—	1	—	1	1	8	3	1	—	—	—	1	1	—	—	10	4
KLEURLINGE																								
Bronchopneumonie.....	—	—	—	—	—	—	—	—	1	1	—	—	1	1	—	—	—	—	—	—	—	—	1	1
Meningitis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Maagdermontsteking.....	—	—	—	—	—	—	2	—	—	—	—	—	2	—	1	2	—	—	—	—	—	—	3	2
Voortydige geboorte.....	1	—	1	—	—	1	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	2	1
Hemolitiese siekte.....	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Onduidelike oorsake.....	—	1	—	—	—	1	1	—	—	—	—	—	1	2	—	1	—	—	—	—	—	—	1	3
TOTAAL.....	1	1	2	—	—	2	3	—	1	1	—	—	7	4	2	3	—	—	—	—	—	—	9	7

TABEL 4.

STERFTES VAN BLANKES, VYF JAAR EN OUER, BINNE DIE MUNISIPALE GEBIED, VIR DIE JAAR GEËINDIG 31 DESEMBER 1964

	5-9 jaar		10-14 jaar		15-19 jaar		20-24 jaar		25-29 jaar		30-39 jaar		40-49 jaar		50-59 jaar		60-69 jaar		70-79 jaar		Bo 80 jaar		TOTAAL	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Aansteeklike en parasitiese siektes.....	—	—	—	1	—	1	—	1	—	—	1	—	—	—	—	1	2	1	—	—	—	1	4	5
Kanker en ander gewasse.....	1	1	1	1	1	—	—	—	—	—	4	2	4	10	16	15	22	17	9	11	8	7	66	66
Voedingsiektes en kwale van buislose kliere.....	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2	2	3	2	6	1	1	9	12
Bloedkwale en kwale van bloedvormende organe.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Kwale van senuweestelsel en sintuigorgane.....	—	—	—	—	—	—	2	2	—	—	5	3	7	5	10	6	7	9	14	18	12	25	57	71
Kwale van bloedsomloop.....	—	1	—	1	—	3	1	1	—	—	8	6	24	7	48	25	54	35	55	44	41	61	231	186
Kwale van asemhalingstelsel.....	—	1	—	—	—	—	1	—	—	—	1	1	9	7	4	6	28	9	28	17	22	25	93	68
Kwale van spysverteringstelsel.....	—	—	—	—	—	—	—	—	—	—	2	2	3	2	3	1	3	4	3	2	6	2	20	13
Nie-veneriese siektes van die urinestelsel en geslagsorgane	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	3	—	2	1	2	4	10
Seniliteit en uremie.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	4	1	2	9	21	11	29	23
Selfmoord.....	—	—	—	—	—	—	2	—	—	—	4	—	1	—	3	—	1	—	—	—	—	—	11	—
Manslag.....	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
Ongelukke.....	3	—	3	—	11	2	2	2	5	1	7	3	3	1	5	—	1	1	1	—	1	—	42	10
Onbekende of ongespesifiseerde oorsake.....	—	—	—	—	1	—	—	1	1	1	2	1	3	1	13	5	7	2	10	15	5	11	43	36
TOTAAL.....	4	5	4	3	13	6	10	6	7	12	34	19	56	34	107	63	133	85	124	124	118	146	610	503

TABEL 6.

KINDERSTERFTES: BLANKES: OORSAAK VAN DOOD EN STERFTESYFER VIR JAAR GEËINDIG 31 DESEMBER 1964.

BLANKES	Arelek-tase		Wan-voeding		Aansteek-like siektes		Diarree-siektes		Brongitis en pneumonie		Aange-bore oorsake		Ander oorsake		Voorty-digheid		Besering by geboorte		Totale sterf-gevalle		Totale geboortes		Sterfesyfer per 1,000 lewende geboortes		TOTAAL	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Sentrale gebied.....	1	3	—	—	—	—	—	1	—	1	1	1	—	1	9	1	2	2	14	8	272	250	51.47	32.00	42.15	
Pretoria-Wes.....	—	1	—	—	—	1	2	1	1	1	1	—	2	2	10	2	2	1	18	9	290	317	62.07	22.08	44.48	
Leprose- en Sielsiekehospitale en Verdediging.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	9	—	—	—	—
Salvokop.....	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	31	17	—	58.82	20.84	
Voortrekkerhoogte.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18	9	—	—	—	—
Oostelike Voorstede.....	2	2	—	—	—	—	1	1	2	—	3	1	2	—	4	6	3	1	17	11	625	532	27.20	20.68	24.20	
Noordelike voorstede.....	4	2	—	—	—	—	2	1	4	3	1	3	—	1	7	2	2	—	20	12	629	580	31.80	20.69	26.47	
Hercules.....	2	1	—	—	—	—	1	—	—	1	3	2	—	—	2	4	2	3	10	11	382	345	26.18	31.88	28.89	
TOTAAL.....	9	—	—	—	—	—	6	—	7	—	9	—	5	—	32	—	11	—	79	—	2,251	—	35.10	—	—	—
	—	9	—	—	—	1	—	5	—	6	—	6	—	3	—	15	—	7	—	52	—	2,059	—	25.25	—	30.39

TABEL 7.

KINDERSTERFTE: ALLE NIEBLANKES: GEBIEDSVOORKOMS VIR DIE JAAR GEËINDIG 31 DESEMBER 1964

BANTOES	Aarek-tase		Aansteek-like siektes		Diarree-siektes		Brongitis en pneumonie		Aange-bore oorsake		Ander oorsake		Voorty-digheid		Besering by geboortes		Wan-voeding		Totale sterf-gevalle		Totale geboortes lewendigeboortes		Sterftesyfer per 1,000 TOTAAL	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Mame'odi.....	3	3	2	1	44	24	23	30	1	—	16	16	24	16	8	3	1	1	122	94	974	961	125.26	97.81
Atteridgeville.....	5	—	4	1	21	13	33	25	2	—	16	13	19	16	7	11	4	1	111	80	1,155	1,163	96.10	69.65
Hercules.....	6	4	—	2	25	14	29	23	1	—	11	11	14	12	5	5	1	6	92	77	974	1,091	94.46	70.58
Stad.....	—	—	1	—	3	1	2	2	1	—	3	—	7	7	1	1	—	—	18	11	141	141	127.66	78.01
TOTAAL.....	14	7	7	4	93	52	87	80	5	—	46	40	64	51	21	20	6	8	343	262	3,244	3,356	105.73	78.07
91.67																								
ASIA TE																								
Lokasie.....	—	—	—	—	—	—	1	2	—	—	—	—	4	—	1	—	1	—	7	2	61	63	114.75	31.75
Hercules.....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	17	10	58.82	100.00
Stad.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	17	—	—
TOTAAL.....	—	—	—	—	—	—	1	2	—	—	—	—	5	—	1	1	1	—	8	3	90	90	88.89	33.33
61.11																								
KLEURLINGE																								
Lokasie.....	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	1	2	29	28	34.48	71.43
Hercules.....	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	3	—	18	22	166.67	—
Eersterust & Derdepoot.....	—	—	—	—	1	—	—	1	—	—	1	1	1	—	—	—	—	—	3	2	27	18	111.11	111.11
TOTAAL.....	—	—	—	—	2	—	1	1	—	—	1	2	2	1	1	—	—	—	7	4	74	68	94.73	58.82
77.47																								
ALLE NIEBLANKES																								
Lokasie.....	8	3	6	2	66	37	57	57	3	—	32	30	47	33	16	44	6	2	241	178	2,219	2,215	108.61	80.36
Hercules.....	6	4	—	2	25	14	30	23	1	—	11	11	16	12	6	6	1	6	96	78	1,009	1,123	95.14	69.46
Eersterust & Derdepoot.....	—	—	1	—	3	1	2	2	1	—	3	—	7	7	1	1	—	—	—	—	153	158	117.65	69.62
Stad.....	—	—	—	—	1	—	—	1	—	—	1	1	1	—	—	—	—	—	3	2	27	18	111.11	111.11
TOTAAL.....	14	7	7	4	95	52	89	83	5	—	47	42	71	52	23	21	7	8	358	269	3,408	3,514	105.00	76.55
90.58																								

TABEL 8.

STERFTE IN INRIGTINGS VAN PERSONE WAT NIE IN PRETORIA WOONAGTIG IS NIE, VIR DIE JAAR GEËINDIG 31 DESEMBER 1964.

	0-1 jaar		1-5 jaar		5-10 jaar		10-20 jaar		20-40 jaar		Bo 40 jaar		Totaal Blankes		Totaal Nieblankes	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
PRETORIASE EN ANDER HOSPITALE:																
Blankes.....	41	29	7	6	8	1	13	9	43	23	288	210	400	278	—	—
Nieblankes.....	151	114	151	118	34	21	36	27	213	96	434	189	—	—	1,019	557
SIELSIEKEHOSPITAAL:																
Blankes.....	—	—	—	—	—	—	—	—	1	1	28	31	29	32	—	—
Nieblankes.....	—	—	—	—	1	—	—	1	5	2	18	5	—	—	24	8
LEPROSE-INRIGTING:																
Blankes.....	—	—	—	—	—	—	—	—	—	—	4	7	—	—	4	8
Nieblankes.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GEVANGENISSE:																
Blankes.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Nieblankes.....	—	—	—	—	—	—	5	—	62	—	8	—	—	—	75	—
BESOEKERS:																
Blankes.....	1	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—
Nieblankes.....	—	—	—	—	—	—	—	—	1	—	2	1	—	—	3	1
TOTAAL:																
Blankes.....	42	29	7	6	8	1	13	9	45	24	317	241	432	310	—	—
Nieblankes.....	151	114	151	118	35	21	40	29	281	98	466	202	—	—	1,125	574

TABEL 9.

AANMELDING VAN AANSTEEKLIKE SIEKTES: PLAASLIKE GEVALLE: ALLE RASSE: JAAR GEËINDIG 31 DESEMBER 1964.

	0-1 jaar		1-5 jaar		5-10 jaar		10-20 jaar		20-40 jaar		Bo 40 jaar		TOTAAL	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V
BLANKES														
Tifoïde.....	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Skarlakenkoors.....	—	—	12	11	14	14	2	3	—	—	—	—	28	28
Difterie.....	—	—	—	3	2	6	3	1	—	—	—	—	5	10
Melaatsheid.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Tuberkulose.....	—	1	7	11	3	—	—	1	4	4	16	11	30	28
Belroos.....	—	—	—	1	—	—	—	—	—	1	1	1	1	3
Menigokokus-meningitis.....	—	—	—	1	—	1	1	1	1	—	—	1	2	4
Letargiese enkefalitis.....	—	—	2	—	1	1	—	1	—	1	—	—	3	3
NIEBLANKES														
Tifoïde.....	—	1	1	1	2	4	8	5	5	3	1	—	17	14
Difterie.....	—	1	8	7	4	10	—	3	—	—	—	—	12	21
Tuberkulose.....	19	15	89	78	26	23	15	31	182	90	173	35	504	272
Melaatsheid.....	—	—	—	—	—	—	—	2	1	—	4	—	5	2
Menigokokus-meningitis.....	—	—	—	—	—	1	—	—	1	—	—	—	1	—
Letargiese enkefalitis.....	—	—	—	1	—	1	—	—	—	—	1	—	1	1
Skarlakenkoors.....	—	—	—	—	1	1	—	—	—	—	—	—	1	2
Pokkies.....	1	—	5	7	3	4	1	—	1	—	—	—	11	11
Belroos.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Kwasjiokor.....	9	17	173	143	3	3	1	—	—	1	—	—	—	1
Kraamkoors.....	—	—	—	—	—	—	—	—	—	1	—	—	186	163
													—	1

TABEL 10.

AANMELDING VAN AANSTEEKLIKE SIEKTES: INGEVOERDE GEVALLE: ALLE RASSE: JAAR GEËINDIG 31 DESEMBER 1964.

	0-1 jaar		1-5 jaar		5-10 jaar		10-20 jaar		20-40 jaar		Bo 40 jaar		TOTAAL	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V
BLANKES														
Tifoïde.....	—	—	—	—	—	—	—	—	1	1	—	—	1	1
Meningokokkus-meningitis.....	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Skarlakenkoors.....	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Malaria.....	—	—	—	—	—	—	—	—	1	—	—	—	1	—
Tuberkulose.....	—	—	—	1	—	—	2	—	—	—	3	1	5	2
NIEBLANKES														
Tifoïde.....	—	—	—	—	—	1	—	1	1	1	—	—	1	3
Difterie.....	—	—	1	2	—	2	—	—	—	—	—	—	1	4
Pokkies.....	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Harsingontsteking.....	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Melaatsheid.....	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Malaria.....	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Tuberkulose.....	—	—	6	5	—	5	3	6	12	23	12	6	33	45

TABEL 11.

GEBIEDSPERSPREIDING VAN AANGEMELDE AANSTEKELIKE SIEKTES, VIR DIE JAAR GEËINDIG 31 DESEMBER 1964.

Ras	Aansteek- like enke- falitis		Serebro- spinale meningitis		Tuberku- lose		Pokkies king by pas- geborenes		Kraam- bedkoors		Melaats- heid		Tifoïde		Malaria		Difterie		Malta- koors		Skarlaken- koors		Belroos		Kwas- jiorkor	
	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V
Sentrale Gebied.....																										
Blankes	—	—	1	—	7	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Nieblankes	—	—	—	—	8	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pretora-Wes.....																										
Blankes	—	—	2	—	1	1	—	—	—	—	—	—	—	—	—	—	3	2	—	—	3	—	—	—	—	—
Nieblankes	—	—	—	—	8	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Leprose-inrigting, Sielsieke- hospitaal, gevangenis- en verdedigingsterrein.....																										
Voortrekkerhoogte.....																										
Blankes	—	—	—	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Nieblankes	—	—	—	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Blankes	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nieblankes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Blankes	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Nieblankes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Salvokop.....																										
Blankes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nieblankes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oostelike Voorstede.....																										
Blankes	—	2	—	1	7	9	—	—	—	—	—	—	—	—	—	—	1	2	—	—	15	7	—	2	—	—
Nieblankes	—	—	—	—	11	7	6	8	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	2	1
Blankes	—	1	—	—	8	10	—	—	—	—	—	—	—	—	—	—	—	2	—	—	9	12	1	—	—	—
Nieblankes	—	—	—	—	7	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	3	2
Hercules.....																										
Blankes	3	—	—	1	3	1	—	—	—	—	1	—	—	—	—	—	1	4	—	—	3	4	—	1	—	—
Nieblankes	1	—	—	—	96	45	1	1	—	—	1	1	7	7	—	—	2	5	—	—	—	—	—	1	—	—
Mamelodi.....																										
Nieblankes	—	—	—	—	165	98	2	—	—	1	—	—	5	3	—	—	5	8	—	—	1	—	—	—	40	39
Atteridgeville.....																										
Nieblankes	—	1	—	—	176	106	1	2	—	—	—	—	2	3	—	—	4	5	—	—	—	—	—	—	91	85
Asiatebuurt.....																										
Nieblankes	—	—	—	—	5	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	49	35
Kleurlinglokasie.....																										
Nieblankes	—	—	—	—	27	7	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1

TABEL 12.

VOORKOMS VAN AANSTEEKLIKE SIEKTES, VIR DIE JAAR GEËINDIG 31 DESEMBER 1964.

		Tifoïde	Malaria	Skarlakenkoors	Difterie	Melaatsheid	Belroos	Kraambedkoors	Aansteeklike Enkefalitis	Serebrospinale meningitis	Pokkies	Tuberkulose	Kwasjiorkor
Januarie:													
Blankes.....	Inwoners.....	—	—	4	2	—	1	—	1	1	—	1	—
	Ingevoer.....	—	—	1	—	—	—	—	—	1	—	—	—
Nieblankes.....	Inwoners.....	2	—	1	1	—	—	—	—	1	1	68	58
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	8	—
Februarie:													
Blankes.....	Inwoners.....	—	—	2	2	—	1	—	—	—	—	2	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	1	—
Nieblankes.....	Inwoners.....	9	—	—	2	2	—	—	—	—	—	51	35
	Ingevoer.....	2	1	—	1	—	—	—	—	—	1	7	—
Maart:													
Blankes.....	Inwoners.....	—	—	4	2	—	—	—	—	—	—	2	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	1	—
Nieblankes.....	Inwoners.....	5	—	1	7	1	—	—	1	—	1	58	22
	Ingevoer.....	—	—	—	1	—	—	—	—	—	—	7	—
April:													
Blankes.....	Inwoners.....	—	—	5	2	—	—	—	—	—	—	1	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	—	—
Nieblankes.....	Inwoners.....	3	—	1	3	1	—	—	—	—	—	36	25
	Ingevoer.....	1	—	—	—	—	—	—	—	—	—	3	—
Mei:													
Blankes.....	Inwoners.....	—	—	6	2	1	—	—	—	—	—	2	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	—	—
Nieblankes.....	Inwoners.....	3	—	—	2	—	1	—	—	—	—	48	48
	Ingevoer.....	1	—	—	—	—	—	—	—	—	—	9	—
Junie:													
Blankes.....	Inwoners.....	—	—	10	—	—	—	—	—	—	—	7	—
	Ingevoer.....	2	—	—	—	—	—	—	—	—	—	1	—
Nieblankes.....	Inwoners.....	3	—	—	—	—	—	—	—	—	—	61	31
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	6	—
Julie:													
Blankes.....	Inwoners.....	1	—	3	3	—	—	—	1	1	—	5	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	1	—
Nieblankes.....	Inwoners.....	1	—	—	4	—	—	—	—	—	—	51	19
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	5	—
Augustus:													
Blankes.....	Inwoners.....	—	—	9	—	—	—	—	—	3	—	4	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	2	—
Nieblankes.....	Inwoners.....	—	—	—	5	1	—	—	—	—	11	56	12
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	5	—
September:													
Blankes.....	Inwoners.....	—	—	7	—	—	—	—	—	—	—	7	—
	Ingevoer.....	—	1	—	—	—	—	—	—	—	—	—	—
Nieblankes.....	Inwoners.....	3	—	—	1	—	—	—	—	—	9	117	14
	Ingevoer.....	—	—	—	—	—	—	—	1	—	—	9	—
Oktober:													
Blankes.....	Inwoners.....	—	—	2	—	—	2	—	1	—	—	14	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	—	—
Nieblankes.....	Inwoners.....	—	—	—	1	—	—	—	1	—	—	74	35
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	6	—
November:													
Blankes.....	Inwoners.....	—	—	2	1	—	—	—	2	1	—	6	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	1	—
Nieblankes.....	Inwoners.....	1	—	—	2	1	—	—	—	—	—	74	19
	Ingevoer.....	—	—	—	2	1	—	—	—	—	—	8	—
Desember:													
Blankes.....	Inwoners.....	—	—	2	1	—	—	—	1	—	—	7	—
	Ingevoer.....	—	—	—	—	—	—	—	—	—	—	—	—
Nieblankes.....	Inwoners.....	1	—	—	5	1	—	1	—	—	—	82	22
	Ingevoer.....	—	—	—	1	—	—	—	—	—	—	5	—



STADSRAAD VAN PRETORIA

EEN-EN-SESTIGSTE

JAARVERSLAG

VAN DIE

Stadsgesondheidshoof

VIR DIE

JAAR EINDIGENDE 31/12/64

